Jennifer 4/15/19
Laura 4/15/19
Annee 4/15/19

Evelyn Grandi

From: ADRIANA ONDARZA <opra+request-5011-0f4a9f6b@requests.opramachine.com>
Sent: Monday, April 15, 2019 12:15 PM
To: OPRA requests at Hazlet Township
Subject: OPRA request - Open Construction Permits and Oil Tank, SDL

Dear Hazlet Township,

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

I am requesting all open/closed permits and/or violations from 10/29/2012 to present. I would also like to know if there is a Substantial Damage Letter, Elevation Certificate and a Survey. Also, I would like to know information regarding the presence of an underground oil tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank location.

2 Peri Place 07734 14.01 / 1

Yours faithfully,

ADRIANA ONDARZA

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-5011-0f4a9f6b@requests.opramachine.com

Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hazlet_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/open_construction_permits_and_oi_87

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

RECEIVED
APR 15 2019
MUNICIPAL CLERK
Const Dept Rcvd 4/17/19

OPEN PERMITS

BLOCK 14.01 LOT 1 ADDRESS (SITE) 2 Peri Place PERMIT NO. 97-0469

Hazlet

CONSTRUCTION PERMIT APPLICATION

Corrected

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

3/5/97 2:15 pm. called contractor advised permit ready 4/28/97 Called Contractor

I. IDENTIFICATION

1. Proposed Work-site at: 2 Peri Place
2. Name of Owner Nunez Tel. [redacted]
   Address 2 Peri Place (street) West Keansburg (municipality) 07734 (zip code)
3. Ownership Public ____ Private ✓
4. Principal Contractor: Trinity Heating & Air INC Tel. 908 7803779
   Address 979 US Hwy 9 Howell 07731
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 223292324 Social Security No. ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Trinity Heating & Air INC Tel. 908 7803779

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	33.		
2. Electrical		67.		
3. Plumbing		33.		
4. Fire Protection		33.		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		2		
10. Subtotal	$			
11. Cert. of ~~Occupancy~~		20.		
12. Other				
13. TOTAL	$	192.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no ____	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☑ Fire Protection	
7. ☑ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	5945.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☒ One-Family (R-4) CABO

No of dwelling units:
Before Construction 0
After Construction 1
Net gain or loss 1

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

Township of ~~Middletown~~ Hazlet

CONSTRUCTION PERMIT

Date Issued 6/26/97
Control #
Permit # 97-0469

IDENTIFICATION Block 14.01 Lot 1

Work Site Location 2 Peri Place
West Keansburg

Owner in Fee Nunez
Address SAME AS ABOVE
Tele. [redacted]

Contractor Trinity Heating & Air INC
Address 979 US Hwy 9
Howell 07731
Tele. (908) 780 3779
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. 223242324
or Social Security No. _____

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER _____
[X] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

elec to Gas Conversion
CONVERT FROM ELECTRIC TO GAS HEAT (GAS FURNACE)
GAS HOT WATER HEATER & CENTRAL A.C.

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 $ 5945

Rita Tennyson
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	33.
Plumbing	67.
Electrical	33.
Fire Protection	33.
Other	
Other	
DCA Training Fee	6
Cert. of Occ.	apvd 20
Other	
Total	192.00
Check No.	4708
Cash	
Collected By	Jean

(see reverse side)

U.C.C. Form F-170A

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

MIBD 1

No Hard Copy
2 Reqd

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/26/97
Date Issued
Control #
Permit # 97-0469

Electrical

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

Block 14.01 Lot 1
Work Site Location 2 PERI PLACE
WEST ICEANSburg 07734
Owner in Fee NUNEZ
Address SAME AS ABOVE
Tele. ( )
Contractor Trinity Heating & Air INC
Address 979 W Hwy 9
Howell 07731
Tele. ([redacted]) 280 3725
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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

install Ductwork
for NEW GAS HOT AIR furnace
(TO BE located IN ATTIC)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	3/5	
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			9/4/97	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[X] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed R3
Constr. Class Present 5B Proposed 5B
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) $ 800

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 33
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

9/4/97 furnace flue pipe not 1" clear of combustibles where
(closet) it passes thru roof

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6/26/97
Date Issued
Control #
Permit # 97-0469

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

Block 1401 Lot 1
Work Site Location 2 PERI PLACE
WEST KEANSBURG 07734
Owner in Fee NUNEZ
Address SAME AS ABOVE
Tele. [redacted]
Contractor CORBIN ELECTRIC SERVICES
Address 699 TENNENT Rd.
MANALAPAN
Tele. 908) 536-0444
Lic. No. 6419A
Federal Emp. No. 223121401 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] DCA
Date: 5-1-97
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-4-97	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	3 ton Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
1	___ Kw	Central heat: oil, (gas) or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
		Other	

	Administrative Surcharge	$
Paid [ ] Check #	Minimum Fee	$ 33
	DCA Training Fee	$
Collected by:	TOTAL FEE	$

U.C.C. Form F-120B 1 White Inspector Copy 2 Canary Office Copy 3 Pink Office Copy 4 Gold Applicant Copy

2 Peri Pl

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6/20/97
Control #
Permit # 97-0469

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

Block 14.01 Lot 1
Work Site Location 2 PERI PLACE
WEST KEANSBURG 07734
Owner in Fee NUNEZ
Address SAME AS Above
Tele. [redacted]
Contractor JOSEPH MASTRO
Address 913 SPRAY AVE
BEACHWOOD
Tele. (908) 818-0873
Lic. No. 6210
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R3 Proposed R-3
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 3255

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] DCA
Approved By: EWL
Date: 9-5-97

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO Gas Test			6-20-97	EWL
Final			9-5-97	EWL

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.

Signature—Contractor/Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	7.
	Fuel Oil Piping	
1	Gas Piping / GAS SERVICE	46
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	~~Water Cooled~~ A/C or Refrigeration Unit	7.
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other GAS FURNACE	7.

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ 67.50
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6/20/97
Date Issued
Control #
Permit # 97-0469

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

Block 14.01 Lot 1
Work Site Location 2 PERI PLACE
WEST KEANSBURG 07734
Owner in Fee NUNEZ
Address SAME AS ABOVE
Tele. 908 [redacted]
Contractor Trinity HEATING & AIR
Address 979 US Hwy 9
Howell 07731
Tele 908 780 3779
Lic. No.
Federal Emp. No. 223292324 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class. Present 5-B Proposed 5-B
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: ATTIC FURNACE
Total Est. Cost of Fire Prot. Work $ 1800 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA 8/27/97
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

Thomas Pollak
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work GAS CONVERSION

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1 FURNACE	
OTHER CONVERT FROM ELECTRIC TO GAS HEAT.		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

OFFICE DATE RECEIVED: 2/25/97

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 Trinity Heating & Air INC

Address 979 NJ Hwy 9
Howell 07731

Telephone (908) 780 3779

Signature Thomas Pollock Date 2-

CLOSED PERMITS

BLOCK 14.01 LOT 1 QUALIFICATION CODE DIF 7811 ADDRESS (SITE) 2 Peri Pl. PERMIT NO. E015-0941

CONSTRUCTION PERMIT APPLICATION

Collected

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 2 Peri Place Yardley NJ 07734
2. Name of Owner in Fee: Nation Star Mortgage
   Tel. ([redacted]) e-mail
   Address 9950 Cypress Waters Blvd Coppell TX 75019
   street municipality zip code
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Betterhome Solutions Tel. (848) 863 9090
   Address 48 Cotinfield cir e-mail
   Lawrenceville NJ 08201
   License No. OR, if new home, Builder Reg. No. 13 VH 08093700 Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. 46 55 99 414 FAX: (732) 534-0726
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun ____
   Tel. ( ) ____ FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 95		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 6		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	101		
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area — Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

- ☑ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	3000								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	3000								

Paid

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____
Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
12. ☐ Fire Alarm

CA 11/10/15

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date 11/4/15

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 Antehouse Solutions

Address 48 Cabinfield Cir
Lakewood NJ 08701

Telephone 848 863 9990

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Permit # e2015-0941
Date Issued 11/04/2015
- or -
Control # 7811
Certificate Issued Date: 11/16/2015

IDENTIFICATION

Block 14.01 Lot 1 Qualification Code _____
Work Site Location 2 PERI PLACE , HAZLET NJ 07734

Owner in Fee NATION STAR MORTGAGE
Address 8950 CYPRESS WATERS BLVD , COPPELL TX 75019

Tel. ( ) [redacted]
Contractor BRITEHOUSE SOLUTIONS CORP
Address 48 CABINFIELD CIRCLE , LAKEWOOD NJ 08701

Tel. ( ) (848) 863-9090 FAX ( ) _____
Lic. No. or Bldrs. Reg. No. _____
Federal Employer No. 465599414

Home Warranty No. _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load _____
Construction Classification 5B
Maximum Occupancy Load _____
Description of Work/Use:
Roof covering - replacement

☐ **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 the 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:

☐ **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 _____.

Dennis Pino
CONSTRUCTION OFFICIAL

11/16/15
DATE

Fee $ 101.00
Paid [ ] ~~Check No.~~ Credit Card
Collected by: _____

U.C.C. F260
(rev. 8/05)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11/4/15

Permit # e2015-0941

IDENTIFICATION Block 14.01 Lot 1 Qualification Code HIC 7511

Work Site Location 2 Pepi Place Hazlet NJ 07734

Owner in Fee Nation Star Mortgage

Address 8950 Cypress Waters Blvd Coppell TX 75019

Tel. (redacted)

Contractor Brite House Solutions

Address 48 Gabin Field Circle Lakewood NJ 08701

Tel. (848) 565 9096

Lic. No. or Bldrs. Reg. No. 13VH 05083700

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: replace 15 sq ft of shingles

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 $ 3,000.00

Construction Official

11/4/15
Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 6

Cert. of Occupancy

Other

Total 101

Check No. Credit Card

Cash Paid 11/4/15

Collected by Jennifer

(see reverse side)

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/4/15
Control # 7811

Date Issued 11/4/15
Permit # e2015-0941

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

Block 14.01 Lot 1 Qualification Code CO RELATED

Work Site Location 2 pers Place
Hazlet NJ 07734

Owner in Fee: Nation star mortgage

Tel. [redacted] e-mail

Address 8950 Cypress Waters Blvd coppell TX 75019
street municipality zip code

Contractor: Betterhouse solutions Tel. (848) 863 9090

Address 48 cabin trail cir e-mail
Lake wood NJ 08701

Contractor License No. or Builder Registration No. 13VH09083700 Exp. Date

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

Federal Emp. ID No. 465599414 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required 11/4/15
[ ] All
[ ] Footings/Foundations
[ ] Structural/Framework
[ ] Exterior
[ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 11/4/15
Approved by: D. Pinto

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			11-16	
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 $ 3000
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.

Sign here: [signature]
Print name here: Jawed Pathan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
replace 15 sq ft of shingles

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[X] 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)
$ 95

Administrative Surcharge $ ____
Minimum Fee $ ____
State Permit Surcharge Fee $ 95
TOTAL FEE $ ____

OFFICE DATE RECEIVED: 11/4/15 Jen Read Counter

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									11/10/15 JM
☐ Planning Board									Advised
☐ Zoning Board									Housing Dept.
☐ Sewer Authority									result
☐ Water Authority									inspected / cleared.
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

BLOCK 14.07 LOT 1 ~~14.07~~ ADDRESS (SITE) 2 Peri Pl PERMIT NO. 95-0393

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 2 Peri Place
2. Name of Owner in Fee: Francis Nuney Tel [redacted]
   Address W. Keansburg (street / municipality) NJ 07734 (zip code)
3. Ownership In Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. (___) _____
   Address REEP INCORPORATED 1340 CAMPUS PARKWAY NEPTUNE, NJ 07753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 908-938-~~6800~~ 9258 Security No. _____
5. Architect or Engineer ~~521307995~~ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (___) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area—Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☒ Plumbing	
8. ☒ Electrical	105 -
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☒ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 _____ REEP INCORPORATED

Address _____ 1340 CAMPUS PARKWAY
NEPTUNE, NJ 07753
908-938-6500
3259
21307995

Telephone (A) _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

CONSTRUCTION PERMIT

Date Issued 5/16/95
Control #
Permit # 95-0393

IDENTIFICATION Block 14.01 Lot 1 ~~4~~

Work Site Location 2 Peri Place
W. Keansburg, NJ

Owner in Fee Francis Nunez 07734
Address same

Tele. [redacted]

Contractor
Address

Tele. (___)
Lic. No. or Bldrs. Reg. No. ___ Exp. Date
Federal Emp. No.
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:

T&D H&H Relay

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 $ 105 -

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	
Electrical	33 -
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of ~~Occ~~ appl	20.
Other	
Total	53.
Check No.	10294
Cash	
Collected By	

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 approved plans and 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Issued 5/16/95
Control #
Permit # 95-0393

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

Block 14.01 Lot 14
Work Site Location 2 PERI PLACE
W. KEANSBURG, NJ 07734
Owner in Fee FRANCIS NUNEZ
Address SAME
Tele. [redacted]
Contractor Reep Incorporated
Address 1340 Campus Parkway
Neptune, NJ 07753
Tele. (908) 938-6500
Lic. No. or Bldrs. Reg. No. 9258
Federal Emp. No. 307995 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 105-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/16/95
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-4-97	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	6	Other: 100 HWH RELAY	

	Administrative Surcharge	$
Paid [ ] Check #	Minimum Fee	$ 33-
	DCA Training Fee	$
Collected by:	TOTAL FEE	$

U.C.C. Form F-120B

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Issued 2/16/11
Control #
Permit # QC E393

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

Block 1701 Lot 14
Work Site Location 8 PERI PLACE
W. KEANSBURG, NJ 07734
Owner in Fee FRANCIS NUNEZ
Address SAME
Tele [redacted]
Contractor Reep Incorporated
Address 1340 Campus Parkway
Neptune, NJ 07753
Tele. (908) 938-6500
Lic. No. or Bldrs. Reg. No. 9258
Federal Emp. No. 307995 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 105-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Signature—Contractor Seal

[Y] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	✓	Other TOD HWH KELAY	

Paid [ ] Check #
Collected by:

Administrative Surcharge $
Minimum Fee $ 75
DCA Training Fee $
TOTAL FEE $

U.C.C. Form F-120B

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

REEP INCORPORATED

CORPORATE HEADQUARTERS
2 WALL STREET
PRINCETON, NJ 08540
(609) 683-5300
FAX (609) 683-9374

Date: 4/20/95 Permitted To: Hazlet Twp.

Dear Sirs/Madam:

Enclosed are electrical permits for the following customers;
(INCLUDE NAME & TOWN)

Nunez - W. Keansburg

Enclosed is a check for $53.00

Representing a fee for $53.00 each customer

* Note - If any information permitted is incorrectly, please note adjustments on this document, and send back. Thank You for your cooperation

Sincerely,

Tom Giaimo/dd

Tom Giaimo
Project Manager

Please return all permits to the address listed below.

Monmouth Shores Corporate Park
1340 Campus pkwy.
Neptune, NJ 07753

☐ 300E CORPORATE COURT
SOUTH PLAINFIELD, NJ 07080
(908) 754-6155
(908) 754-6154 FAX

☐ 776 WHITEHORSE PIKE
ABSECON, NJ 08201
(609) 458-2276

☐ 1340 CAMPUS PARKWAY
NEPTUNE, NJ 07753
(908) 938-6500
(908) 938-9471 FAX

BLOCK 14.01 LOT ~~1~~ 1 ADDRESS (SITE) 2 Peri Pl PERMIT NO. 95-0244

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 2 Peri Place
2. Name of Owner in Fee: Francis Nuney Tel. [redacted]
   Address W. Keansburg, NJ 07734 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: ____ Tel. ( ) ____
   Address REEP INCORPORATED 1340 CAMPUS PARKWAY NEPTUNE, NJ 07753
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 908-938-6550 Social Security No. 9258
5. Architect or Engineer ~~521307995~~ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work ____ Tel. ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		33-	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no ____	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☒ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☒ Electrical	105-
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional)

1 ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☒ One-Family (R-4) CABO

No of dwelling units:
Before Construction 1
After Construction 0
Net gain or loss 1

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY, PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( )I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 REEP INCORPORATED

Address 1340 CAMPUS PARKWAY
NEPTUNE, NJ 07753

908-938-6500

9258

521307995

Telephone ( )

Signature

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				

CONSTRUCTION PERMIT

Date Issued 4/6/95
Control #
Permit # 95-0244

IDENTIFICATION Block 14.01 Lot ~~14.01~~ 1

Work Site Location 2 PERI PLACE
W/ KEANSBURG, NJ 07734
Owner In Fee FRANCIS NUNEZ
Address SAME
Tele. [redacted]

Contractor Reep Incorporated
Address 1340 Campus Parkway
Neptune, NJ 07753
Tele. (908) 938-6500
Lic. No. or Bldrs. Reg. No. 9258 Exp. Date
Federal Emp. No. 1307995
or Social Security No.

is hereby granted perission to perform the following work:

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

DESCRIPTION OF WORK:

TOD HWH Relay

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 $ 105

CONSTRUCTION OFFICIAL

PAYMENTS (Office use Only)

Building	
Plumbing	
Electrical	33.
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	33
Check No.	10179
Cash	
Collected By:	

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 approved plans and 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

If you do not understand any of this information, please ask.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Issued 4/6/95
Control #
Permit # 95-0244

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

Block # 14.01 Lot ~~4~~ 1
Work Site Location 2 PERI PLACE
W. READSBURG, NJ 07734
Owner in Fee FRANCIS NUNEZ
Address SAME
Tele. [redacted]
Contractor Reep Incorporated
Address 1340 Campus Parkway
Neptune, NJ 07753
Tele. (908) 938-6500
Lic. No. or Bldrs. Reg. No. 9258
Federal Emp. No. 307995 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group *Present* R-3 *Proposed* R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 105—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9-4-91
Approved By:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-4-91	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
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		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	V	Other TOD HWH RELAY	

Paid [ ] Check #
Collected by:

Administrative Surcharge	$
Minimum Fee	$ 33
DCA Training Fee	$
TOTAL FEE	$

U.C.C. Form F-120B

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2 Canary = Office Copy
3 Pink = Applicant Copy
4 Hard = Inspector Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

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 14.01 Lot 1
Work Site Location 2 FERI PLACE
G. KEANSBURG, NJ 07734
Owner in Fee FRANCIS NUNEZ
Address SAME
Tele. [redacted]
Contractor Reep Incorporated
Address 1340 Campus Parkway
Neptune, NJ 07753
Tele. (908) 938-6500
Lic. No. or Bldrs. Reg. No. 9258
Federal Emp. No. 307995 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 705-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whiripool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	_____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	✓	Other TOD HUGH KELLY	

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ 25
DCA Training Fee	$ 1
TOTAL FEE	$ _____

U.C.C. Form F-120B

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

REEP
INCORPORATED

CORPORATE HEADQUARTERS
2 WALL STREET
PRINCETON, NJ 08540
(609) 683-5300
FAX (609) 683-9374

Date: 3/21/95 Permitted To: Hazlet Twp.

Dear Sirs/Madam:

Enclosed are electrical permits for the following customers;
(INCLUDE NAME & TOWN)

Nuney - W. Keansburg

Enclosed is a check for $33.00

Representing a fee for $33.00 each customer

* Note - If any information permitted is incorrectly, please note adjustments on this document, and send back. Thank You for your cooperation

Sincerely,

Tom Giaimo/dg
Tom Giaimo
Project Manager

Please return all permits to the address listed below.

Monmouth Shores Corporate Park
1340 Campus pkwy.
Neptune, NJ 07753

☐ 300E CORPORATE COURT
SOUTH PLAINFIELD, NJ 07080
(908) 754-6155
(908) 754-6154 FAX

☐ 776 WHITEHORSE PIKE
ABSECON, NJ 08201
(609) 458-2276

☒ 1340 CAMPUS PARKWAY
NEPTUNE, NJ 07753
(908) 938-6500
(908) 938-9471 FAX

BLOCK 14.01 LOT 1 ADDRESS (SITE) 2 PERI PLACE PERMIT NO. 94-0031

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 2 PERI PLACE
2. Name of Owner in Fee: KATHY NUNEZ Tel. (___) ___
   Address 2 PERI PLACE (street) WEST KEANSBURG (municipality) N.J. (zip code)
3. Ownership in Fee: Public ___ Private X
4. Principal Contractor: S/C ELECTRIC Tel. (___) 787-0960
   Address 71 PINEVIEW AVE KEANSBURG, N.J.
   License No. OR, if new home, Builder Reg. No. 11324 Exp. Date ___
   Federal Emp. No. ___ Social Security No. ___
5. Architect or Engineer ___ Tel. (___) ___
   Address ___
6. Responsible Person in Charge of Work STEVEN CHESTER Tel. (___) 787-0960

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		33.	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	33	

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories ___
2. Height of Structure ___ ft.
3. Area—Largest Floor ___ sq. ft.
4. New Building Area ___ sq. ft.
5. Volume of New Structure ___ cu. ft.
6. Construction Classification ___
7. Total Land Area Disturbed ___ sq. ft.
8. Flood Hazard Zone ___
9. Base Flood Elevation ___ ft.
10. Wetlands yes ___ sq. ft.
    no ___
11. Max. Live Load ___
12. Max. Occupancy Load ___

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☒ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	150.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction 1
After Construction 1
Net gain or loss 0

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (X) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. (X) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature Kathy Nunez Date 1/25/94

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 _____

Address _____

_____

Telephone (____) _____

OFFICE DATE RECEIVED: 1-25-94

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

	Name of Code & Edition		Name of Code & Edition	
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
3400 [illegible]CUTIVE PLAZA
SUIT[illegible]
HIGHWA[illegible]35-SOUTH
HAZLET, NJ 07730

APPLICATION FOR CERTIFICATE

check ____ cash
amount ____
DATE ISSUED ____
Block 14.01 Lot 1
Subdivision ____
Notice No. 758-84

IDENTIFICATION

WORK SITE LOCATION 2 Peri Pl.

OWNER
Name James + Bonnie Pietracatella
Address 2 Peri Pl.
Town/State/Zip W. Keansburg TEL.# 07734

BUYER (TENANT)
NAME Francis + Katherine Nunez
[redacted]

ACTION

☒ CERTIFICATE OF CONTINUED OCCUPANCY
USE GROUP: R3 Previous R3 Current

ANY CHANGE IN OWNERSHIP OR TENANT A NEW CERTIFICATE MUST BE APPLIED FOR.

BEFORE ISSUANCE OF A CERTIFICATE, SELLER OR AGENT MUST RETURN THE RECYCLE BUCKETS TO THE ROAD DEPT AT LEOCADIA COURT AND RETURN RECEIPT TO THIS DEPARTMENT.

INSPECTION DATE ____

INSPECTION RESULTS

BLDG PASS [ ] BLDG FAIL [ ] OTHER [ ]
ELCT PASS [ ] ELCT FAIL [ ] OTHER [ ]

REINSPECTION FEE ____

PAID ____ DUE ____

RECYLE BUCKETS ____

REINSPECTION DATE ____

53 Whispering Oaks
Germantown Hill, Ill 6134

SIGNED: Pamela DeCristofaro Jones
OWNER/AGENT

☐ Owner
☑ Agent

TELEPHONE #

7/8/93 1. house lacks exterior identifying numbers.
(minimum 6" high)

Note for record - above ground pool in yard -
yard fenced (at least 48" high)

gate on side of garage equipped with self closing latch
and self closing device

note - double gates right side -
(lawn access only - gate locked)

5/24/94 Violation counted -
No other visible violations
approved to issue R.T.

CONSTRUCTION PERMIT

Date Issued
Control #
Permit # 94-0031

IDENTIFICATION Block 14.01 Lot 1

Work Site Location 2 PERI PLACE

Owner In Fee KATHY NUNEZ
Address 2 PERI PLACE
WEST KEANSBURG, N.J.
Tele. (____)

Contractor S/C ELECTRIC
Address 71 PINEVIEW AVE.
KEANSBURG, N.J.
Tele. (____) 787-0960
Lic. No. or Bldrs. Reg. No. 11324 Exp. Date
Federal Emp. No.
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:
INSTALL 220 RECEPTACLE

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 $ 150.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	33
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	33
Check No.	1818
Cash	
Collected By:	

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the *State Uniform Construction Code Regulations* 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 approved plans and 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices *and fixtures; mechanical systems equipment.*

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

If you do not understand any of this information, please ask.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1-27-94
Date Issued
Control #
Permit # 94-0031

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

Block 14.01 Lot 7
Work Site Location 2 PERI PLACE
HAZLET N.J.
Owner in Fee KATHY NUNEZ
Address 2 PERI PLACE

Tele. ( )
Contractor S/C ELECTRIC
Address 71 PINEVIEW AVE
KEANSBURG, NJ 07734
Tele. (908) 787-0960
Lic. No. 11324
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] EA
Date: 2/4/94
Approved By: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	2-15		5-24	SB LHD

Temp. Cut-in-Card Date Issued _____ 11-32
Final Cut-in-Card Date Issued _____

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.

Steven M Chesta
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	_____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
1	X	Other INSTALL 220 RECEPTACLE	

	Administrative Surcharge	$ _____
Paid [ ] Check # _____	Minimum Fee	$ 33.00
	DCA Training Fee	$ _____
Collected by: _____	TOTAL FEE	$ _____

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 1-4-94
Date Issued
Control #
Permit # 94-0034

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

Block 14.01 Lot 2
Work Site Location 2 PERI PLACE
HAZLET N.J.
Owner in Fee KATHY NUNEZ
Address 2 PERI PLACE

Tele. ( )
Contractor S/C ELECTRIC
Address 71 PINEVIEW AVE
KEANSBURG, NJ 07734
Tele. (908) 787-0960
Lic. No. 11324
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Signature—Contractor, Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	_____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
1	X	Other INSTALL 220 RECEPTACLE	

Paid ☐ Check # _____
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ 33
DCA Training Fee	$ _____
TOTAL FEE	$ _____

U.C.C. Form F-120B

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

HARLET TOWNSHIP CONSTRUCTION DEPARTMENT
3400 HIGHWAY 35 SUITE 9
HARLET, NJ 07736

PETER TERRANOVA
CONSTRUCTION OFFICIAL

3:30 PM

BLOCK _____

LOT _____

CCO NO. _____

APPLICATION FOR ELECTRICAL SUBCODE TECHNICAL SECTION

APPLICANT

Work Site Address 2 Peri Pl.

Owner James + Bonnie Pietracatella

Address 2 Peri Pl.

W. Keansburg

Tel. _____

OFF 7th ulg.

DATE	JOB CONDITION/COMMENTS
8-93	Elec Protection Rec in Downstairs Bath
12-1-93	DOWNSTAIRS BATH 110 VOLT GFIC RECEPTACL
	~~HAS~~ RECEIVING 220 VOLTS
	REPAIRS TO BE DONE BY
	Lic CONTR. PERMIT REQUIRED
2-15-94	LOCKED 11:32

COMMENTS

Final 3:30

Inspection Final 3-24-94
~~CCO~~
Inspected and approved by

HAZLET TOWNSHIP CONSTRUCTION DEPARTMENT
3400 EXECUTIVE PLAZA SUITE 9
HAZLET, N.J. 07730
(908) 264-5707

PETER A TERRANOVA *Construction Code & Sub Code Building Official*
JOHN BESLANOVITZ *Fire Sub Code Official*
ERROL W. LAMBERSON *Plumbing Sub Code Official*
THOMAS F. BALLAND *Electrical Sub Code Official*
THOMAS CLOUGHER *CODE ENFORCEMENT OFFICIER*

TO: James & Bonnie Pietracatella
53 Whispering Oaks
Germantown Hills, Ill.61548

RE: Failure to obtain C.C.O.
ADDRESS: 2 Peri Place
W. Keansburg, NJ
BLK 14.01 Lot 1
DATE: Nov. 18, 1993

On July 8, 1993 an inspection for a Certificate of Continued Occupancy was conducted and the following violations were observed.

1. Failure to obtain C.C.O. prior to occupancy by tenants. Violation of Hazlet Township Zoning Regulations-Article 903

2. Building lacks identifying number - violation the B.O.C.A. National property maintenance code/1993 section pm-304 (need 6 in high number)

3. Lower Level Bathroom lacks G.F.C.I. protected receptacle violation B.O.C.A. section PM-605.2

4. Hot water heater was recently installed. Required permit was submitted but not issued. Tenant C. Nunez declines to pay full fee, permit $28.00 is balance due for permit. Please remit.

[X] You are hereby notified to correct all the above violations by Nov. 30, 1993 at which time a reinspection will be made. Failure to correct the violations will result in the issuance of summonses and other legal action as needed.

[X] You are hereby notified to correct all the above violations and contact this office to schedule a reinspection.

NO CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED UNLESS THE SAID VIOLATIONS ARE CORRECTED.

If you have any questions concerning this matter, please feel free to call me at (908) 264-5707.

Peter A. Terranova

Peter A. Terranova
Construction Code Official

Card mailed
Nov 30th
extended

HAZLET

BLOCK 14.01 LOT 1 ADDRESS (SITE) 2 Peri PERMIT NO. 93-1021 E

Township of [redacted]

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 2 Peri Place W Keansburg
2. Name of Owner in Fee: Nunez Tel. ([redacted]
   Address ____ (street) ____ (municipality) ____ (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Richard Lutch Inc Tel. ( ) 291-8614
   Address PO Box 355 Leonardo NJ 07737
   License No. OR, if new home, Builder Reg. No. 7654 Exp. Date 6/95
   Federal Emp. No. 22 2786990 Social Security No. ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work ____ Tel. ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 0		
2. Electrical			
3. Plumbing	33		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 53		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area—Largest Floor ____ sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Construction Classification ____
7. Total Land Area Disturbed ____ sq. ft.
8. Flood Hazard Zone ____
9. Base Flood Elevation ____ ft.
10. Wetlands yes ____ sq. ft.
    no ____
11. Max. Live Load ____
12. Max. Occupancy Load ____

II. PROPOSED WORK

Est. Cost: 450 -

1. ☐ Minor work (single trade)
2. ☐ Small Job ($5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition

TOTAL COSTS 450

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional)

1 ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction 1
After Construction 1
Net gain or loss 0

B. NON-RESIDENTIAL
1. State Specific Use: R3
2. Use Group:
3. Change in Use Group: 999
   Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 Richard Sutch Inc

Address PO Box 355

Leonardo NJ 07737

Telephone ( ) 291-8614

Signature _____ Date _____

OFFICE DATE RECEIVED: 11/17/93

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				

Township of [redacted]

CONSTRUCTION PERMIT

Date Issued 11/29/93
Control #
Permit # 93-1021

IDENTIFICATION Block 14.01 Lot 1

Work Site Location 2 Peri Place
W Keansburg

Owner in Fee Nunez
Address
Tele. ( ) [redacted]

Contractor Richard Sulok Inc
Address PO Box 355
Leonardo NJ 07737
Tele. ( ) 291-8614
Lic. No. or Bidrs. Reg. No. 7654 Exp. Date 6/95
Federal Emp. No. 22-2786990
or Social Security No.

is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

emergency water heater

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 $ 450—

PAYMENTS (Office Use Only)

Building	
Plumbing	33
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	20
Other	
Total	53
Check No.	(2)
Cash	
Collected By:	[signature]

(see reverse side)

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

MIBD 1

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 approved plans and 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

If you do not understand any of this information, please ask.

U.C.C. Form 1708

2 Peri Place

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11/24/93
Date Issued
Control #
Permit # 93-1021

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

Block 14.01 Lot 1
Work Site Location 2 Peri Place
W Keansburg
Owner in Fee Nunery
Address
Tele. ( ) [redacted]
Contractor Richard Sutch Inc
Address PO Box 355
Leonardo NJ 07737
Tele. ( ) 291-8614
Lic. No. 7654
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 1450 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Approved By: Rod
Date: 12-3-93

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 33
Collected by: TOTAL $

U.C.C. Form F-130B

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11/24/93
Date Issued
Control #
Permit # 93-1021

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

Block 14.01 Lot 1
Work Site Location 2 Peri Place
W Keansburg
Owner in Fee Nunez
Address
Tele. ( ) [redacted]
Contractor Richard Sutch Inc
Address PO Box 355
Leonardo NJ 07737
Tele. ( ) 291-8614
Lic. No. 7654
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 450 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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.

Signature—Contractor/Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 33
Collected by: TOTAL $

U.C.C. Form F-130B

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

BLOCK 14.01 LOT 1 ADDRESS (SITE) 2 Peri Place. W. Keansburg PERMIT NO. 90-524 E

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 2 Peri Pl W. Keansburg, NJ
2. Name of Owner in Fee: James & Kathy Levic Tel. [redacted]
   Address 2 Peri Pl (street) W. Keansburg (municipality) (Hazlet Twnp) 07734 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: _____ Tel. (___) _____
   Address _____
   License No OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work Owner Tel. (___) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 33.00		
2. Electrical	33.00		
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of ~~Occupancy~~ Approval	20.00		
12. Other			
13. TOTAL	$ 86.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft.	
no ____	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	275.—
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☑ Electrical	100.—
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction 1
After Construction 1
Net gain or loss 0

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. Form E-100A

LDS HZ 10605271

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. (X) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. (X) Electrical C.4. ( ) Plumbing

D. (X) 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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature James J. Lowe Date 7/5/90

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board									
☒ Zoning Board SEE Below									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☒ Zoning Permit waived / zoning officer on vacation / P. Tenore									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT

Date Issued 7/6/90
Control #
Permit # 90-524

IDENTIFICATION Block 14.01 Lot 1

Work Site Location 2 Peri Place
West Keansburg, NJ 07734
Owner In Fee James & Kathy LEVIS
Address
Tele. ([redacted]

Contractor Branch Brook Pools To Install
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Install ~~18' Round~~ Above Ground Pool
12'x18' OVAL

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 $ 275.00

Pat Tenaro
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)	
Building	33.00
Plumbing	
Electrical	33.00
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of ~~Occ.~~ Approval	20.00
Other	
Total	86.00
Check No	Pd # 3763
Cash	
Collected By:	

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 approved plans and 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping; water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping; trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

If you do not understand any of this information, please ask.

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7/5/90
Date Issued
Control #
Permit # 90-524

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

Block 14 Lot 1
Work Site Location 2 Peri Place West Keansbueg, NJ

Owner in Fee James + Kathy LEVIC
Address 2 Peri Place West Keansbueg, NJ

Tele. [redacted]
Contractor owner
Address

Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 7-17-90
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-17	SB

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

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.

James J Lavic
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
1	1HP	Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $ 33.00

U.C.C. Form F-120A 1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7/5/90
Control #
Permit # 90-524

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

Block 14 Lot 1
Work Site Location 2 Peri Place West Keansbueg, NJ

Owner in Fee James + Kathy LEWIS
Address 2 Peri Place West Keansbueg, NJ

Tele. [redacted]
Contractor OWNER
Address

Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ $100.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

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.

James J Lewis
Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
1	1HP	Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $ 33.00

U.C.C. Form F-120A 1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

BUILDING SUBCODE TECHNICAL SECTION

Date Issued 11/4/90
Control #
Permit # 90-524

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

Block 14.01 Lot 1
Work Site Location 2 Peri Place West Keansburg, NJ 07734
Owner in Fee James & Kathy LEVIS
Address 2 Peri Pl W. Keansburg, NJ 07734
Tele. [redacted]
Contractor Branch Brook Pools to Do Installation
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	7/5	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 2750.00
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.

Kathryn Levis
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of Above Ground Pool
~~18 Foot Round~~ 12'x18' OVAL
Yard Enclosed with Existing 5' chain Link Fence
(Gate to be Equipped with self closing Latch & Devices)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[X] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [X] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 33.00
Collected by: TOTAL FEE $

U.C.C. Form F-110A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/5/90
Date Issued
Control #
Permit # 90-524

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

Block 14.01 Lot 1
Work Site Location 2 Peri Place 2 Peri. Place
West Keansburg, NJ 07734 (Peri Place)
Owner in Fee James & Kathy J'LEVIC
Address 2 Peri Pl W. Keansburg, NJ 07734
Tele. [redacted]
Contractor Branch Brook Pools to Do Installation
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	7/5	GT
[ ] All	7/17	GT
[X] Footing	7/17	
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/3/90
Approved By: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing	7/17/90		8/6/90	GT
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

7/17/90 (GT)

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5 B Proposed 5B
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 2,75.

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Installation of Above Ground Pool
~~12' Round~~ 12'x18' OVAL
Yard Enclosed with Existing 5' chain link Fc.
(Gate to be Equipped with self closing Latch & Devices)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[X] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [X] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # [signature] Minimum Fee $ 33.00
Collected by: TOTAL FEE $

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

11/1/90 final inspection of pool

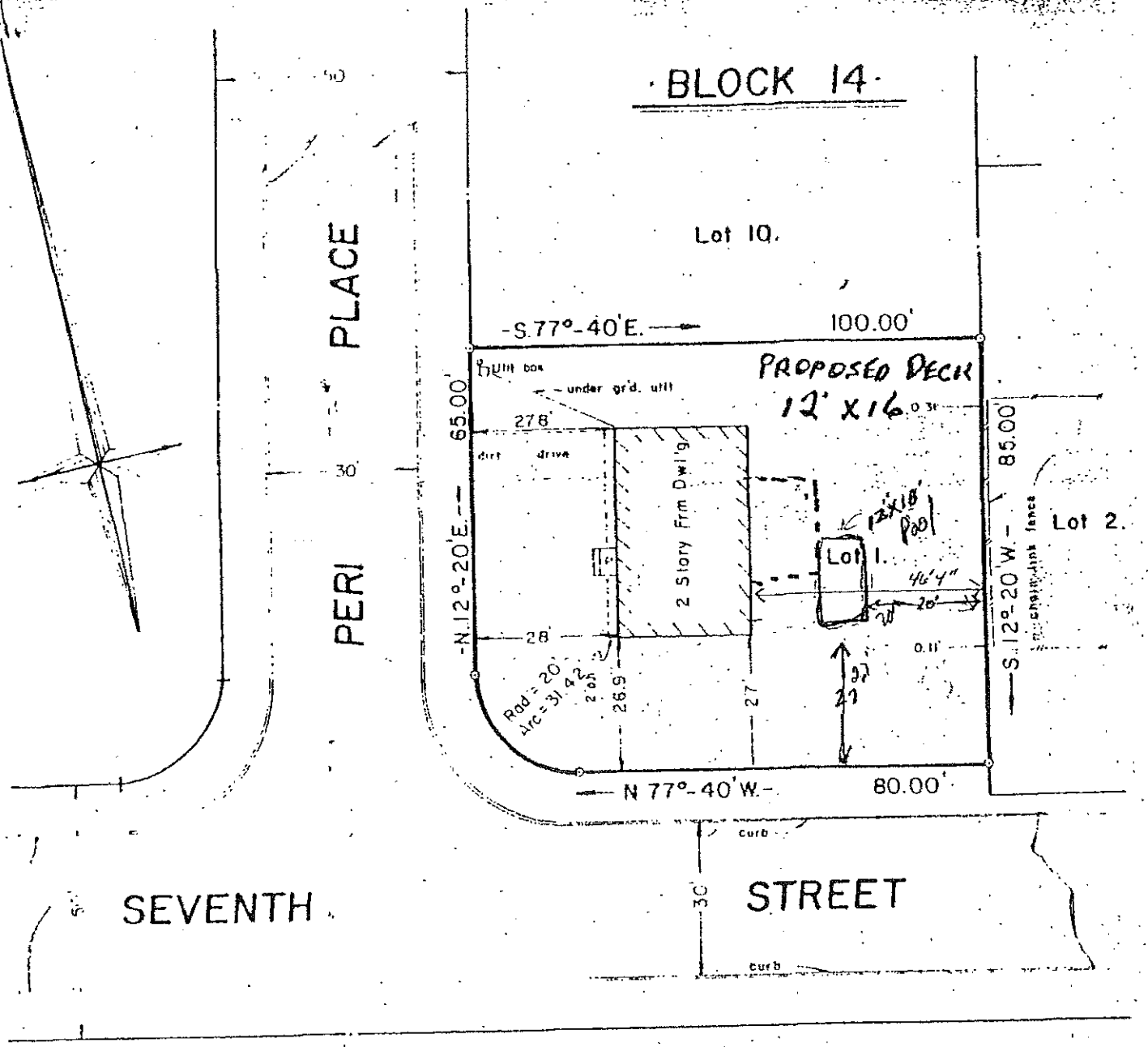
10:15AM. 1. Pool vented / note ladder in place at time of inspection - Pool not in use

2. yard enclosed with 5' chain link fence

3. double gates (right side) padlocked & ~~ed~~ chained- gates used only for lawn equipment, ect. NOT NORMALLY USED FOR ACCESS TO YARD.

4. GATE- LEFT side FRONT (NEAR GARAGE) ACCESS GATE
   a. INSTALLED SELF closing LATCH
   b. GATE NOT EQUIPPED WITH SELF DEVICE (~~S.C.~~)

8/6/90 gate / left side. installed self closing device (~~S.C.~~)



NOTE: Being also known as the same Lot & Block numbers as shown on "Final Plat for Periwinkle Properties, Inc., situate Township of Hazlet, Mon. Co., N.J." Rev. Date Jan. 11, 1978 and filed in the Mon. Co. Clk's. Office on June 21, 1978 in Case 153-17.

APPROVED BY HAZLET
TOWNSHIP ZONING OFFICER
THIS 20 DAY OF APR, 1986

Harry A. Baum
ZONING OFFICER

This survey is certified as accurate to

SURVEY OF PROPERTY
situate in

BLOCK 1401 LOT 1 ADDRESS (SITE) 2 Puri Street PERMIT NO. 90-355

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at:
2. Name of Owner in Fee: James + Kathleen Lewis Tel. ( )
   Address 2 - Puri + Seventh Place (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Guy DiSimone Tel. ( )
   Address 13 Church ST. Keansburg
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer ____ Tel. ( )
   Address ____
6. Responsible Person In Charge of Work ____ Tel. ( )

II. PROPOSED WORK

Seeking remove old & replace w Vinyl

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☑ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	$ 8000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

UCC Form F-100A

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 34		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$ 20		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 54		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 24 feet ft.	
3. Area—Largest Floor sq. ft.	
4. Building Area—All Floors sq. ft.	
5. Volume of Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS HZ 10605272

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED 5-23-90

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

APPLICATION FOR CERTIFICATE

date 5-23-90
check ____ cash
amount 50.
DATE ISSUED ____
Block 1401 Lot 1
Subdivision ____
Notice No. 003379

IDENTIFICATION

OWNER:

~~BUYER~~ NAME Owner moving = into house - J

Name James & Kathryn LEVIC

Address 2 PERI PL.

Town/State/Zip W. KEANSBURG NJ 07734

Address ____

ACTION

☐ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: ____ Previous ____ Current

ANY CHANGE IN OWNERSHIP OR TENANT A NEW CERTIFICATE MUST BE APPLIED FOR.

BEFORE ISSUANCE OF A CERTIFICATE, SELLER OR AGENT MUST RETURN THE RECYCLE BUCKETS TO THE ROAD DEPT AT LEOCADIA COURT AND RETURN RECEIPT TO THIS DEPARTMENT.

CERTIFICATE/APPLICATION IS GOOD FOR 6 MONTHS

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

one family dwelling
under 20 years old

SIGNED: James J. Levic
OWNER/AGENT

☒ Owner
☐ Agent

U.C.C. Form F-270 (8/83)

Approved Lillian Abington 5/24/90

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT

Date Issued 5-23-90
Control #
Permit # 90-355

IDENTIFICATION Block 14.01 Lot 1

Work Site Location ~~Pine + Locust~~ 2 Pine
Haslet (W. Keansburg)

Owner In Fee Lenyc, James & R.
Address 2 Pine

Tele. ( )

Contractor Guy D. Terranova
Address 13 Church ST
Keansburg
Tele. (201) 787-1418
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. 144-50-1214

is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [X] OTHER Siding
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK: Remove old siding, put on new.

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 $ 1900.00

Peter A. Terranova
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	34
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	20
Other ~~Siding~~	
Total	54
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170A

(see reverse side)

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations 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 approved plans and 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 tranches 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. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

If you do not understand any of this information, please ask.

U.C.C. Form 1708

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/23/90
Date Issued
Control #
Permit # 90-355

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

Block 1401 Lot 1
Work Site Location 2 - Peri + Seventh Place (2 Peri Place)
Owner in Fee LEVIC
Address
Tele. ( ) [redacted]
Contractor Di Bennardo
Address 13 Church ST. Keansburg
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Securily No. 144-50-1218

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[X] No Plans Req.	7/17	[illegible]					
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 7/17/90			Other Siding				
Approved By: R. Tenn			Final			7/17/90	[illegible]

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
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.

X [signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Siding of House
remove old siding -
Put on new.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [X] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minminum Fee $ 34
Collected by: TOTAL FEE $

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

No Visible Violations

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/23/90
Date Issued
Control #
Permit # 90-355

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

Block 14.01 Lot 1
Work Site Location 2 - Pearl + Seventh Place
Owner In Fee
Address
Tele. [redacted]
Contractor D. Brennan
Address 17 Church ST. Keansburg
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 144-50-1378

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
SIDING OF HOUSE
remove old siding -
Put on new.

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:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [X] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only) FEE

$

Paid [ ] Check # 1113
Collected by:

Administrative Surcharge $
Minimum Fee $ 34
TOTAL FEE $

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 2 Peri Place, West Keansburg NJ 07734
2. Owner Name: James & Kathryn Levic Tel. (201) 787-0359
   Address 2 Peri Place West Keansburg NJ 07734
3. Principal Contractor: Guy Di Gennaro Tel. [redacted]
   Address 13 Church ST Keansburg N.J.
   Lic. No. or Builder Reg. No. 759225 Federal Emp. No. [redacted]
4. Architect or Engineer: _____ Tel. (___) _____
   Address _____
5. Responsible Person in Charge of Work Guy Di Gennaro Tel. (201) 787-1418

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: 16' x 12' Deck

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☒	Other Deck	1900.00
6. ☐	Other	
	TOTAL COST	$ 1900.00

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 _____

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 _____

LDS HZ 1060

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 Roy D. Hermann TEL.(201) 287-1488

ADDRESS 13 Church ST Kearney N.J.

SIGNATURE Roy D. Hermann

BLOCK NO. 14.01 LOT NO. 1 SUBDIVISION _____ PERMIT NO. BE-2

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	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ 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 _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	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	$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	$ _____
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ _____

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

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

APPLICATION FOR CERTIFICATE

@ 35.00 fee

PERMIT NO. CC0279
DATE ISSUED 1-20-89
Block 14 Lot 1
Subdivision
Notice No.

IDENTIFICATION

OWNER: *
Name JAMES J & KATHRYN A. LEVIC
Address 5 OGDEN CT.
Town/State/Zip MANALAPAN, NJ 07726

~~CONSTRUCTION OCCUPATION~~: Tenant
Address JAMES & MARIE STROUD
2 PERI PL
W. KEANSBURG, NJ 07734
Tel. (___)

ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

* address = 2 Peri Pl
W. Keansburg, NJ 07734

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

Business # 747-3406

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: James J. Levic
☒ Owner
☐ Agent
OWNER/AGENT

U.C.C. Form F-270 (8/83)

approved: Eugene D. Balestrieri 1/10/89

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

APPLICATION FOR CERTIFICATE

PERMIT NO. CO-241
DATE ISSUED June 14, 1984
Block 14 Lot 1
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name ROBERT A. & JEANNE L. SEARLES
Address 2 PERI PLACE
Town/State/Zip W. KEANSBURG, N.J. 07734

CONSTRUCTION LOCATION: James J. + Kathryn A. Lewis
Address 314 Knollwood DR.
MIDDLETOWN, N.J.
Tel [redacted]

ACTION

☑ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: R3a Previous R3a Current

FINAL COST OF CONSTRUCTION: $
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Mr. and Mrs. Robert Searles
OWNER/AGENT
☑ Owner
☐ Agent

U.C.C. Form F-270 (8/83)

approved: Eugene D. Batestrieri 6/14/84

B/P 8479
Oct. 12, 197

Hazlet Township

Monmouth County, New Jersey

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Application is hereby made for a Certificate of Occupancy in accordance with the requirements of Section 1, Article XV subparagraph 2b of the Zoning Ordinance of the Township of Hazlet.

Name of buyer (Please print) Sexels

Name of seller (Please print) Periwinkle Prop

Telephone [redacted]

A. Location of Property 2 Pexi Pl
STREET AND NUMBER

B. Tax Map Description Lot 1 Block 14

C. Description of Building – (Specify type of construction, number of stories, outside dimensions, and any other outstanding characteristics.)

1 Story Ranch

D. Size of Property – (Give street frontage, depth, and approximate area.)

80 x 100

E. Describe Type of Present Occupancy – (i.e. one-family residential, two-family residential, commercial, industrial, etc.)

one family R-3

F. Describe Proposed Occupancy – (Describe fully - see E above.)

One family R-3

G. Property is Presently Zoned for Residential

H. Certificate of Occupancy is required for the following reason:

- ☒ New Building
- ☐ Alteration
- ☐ Sale
- ☐ VA or FHA Requirement
- ☐ Change in Use
- ☐ Extension of Use
- ☐ Change in Occupancy
- ☐ Other (Explain below)

I. Present use (conforms) (does not conform) to the specifications of the Zoning Ordinance. If non-confirming, check below:

- ☐ Use predates zoning (give earliest date of present use.)
- ☐ Variance granted (give year and case number of variance.)
- ☐ Other (explain)

I, the undersigned, do hereby certify that all the statements contained herein are based on my own knowledge and are true and correct.

Dated: 4/2/79

Henry J. Sexel
SIGNATURE OF APPLICANT

DO NOT WRITE ON THIS SIDE – FOR OFFICE USE ONLY

APPROVED

~~DISAPPROVED~~

Eugene D. Babstruic
Building Inspector

Apr. 2, 1979
Date

Reason for Disapproval:

Signature of Disapproving Official

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. BC- 2149
DATE ISSUED April 28, 1986
Block 14 Lot 4 & 5
Subdivision

A. IDENTIFICATION

Owner James + Kathryn LEVIC
Address 2 Peri Place
West Keansburg, NJ
Tel. ([redacted]

Agent Guy Di Gennaro
Address 13 Church ST
Keansburg NJ.
Tel. (201) 787-1418

Work Site Address same
Lic. No. 7592 5
Federal Emp. No. 144-50-1318

PAYMENTS

Permit Fee $ 30.00
Fees Remitted $ 30.00
☐ Check No. 1093
☐ Cash
☐ Other
Collected By: L Obrien
Date: 4/28/86

is hereby granted permission
to perform the following work:

☐ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER

Description of work:

Deck 16' x 12'

9' High

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: $ 1,900.00

Eugene M Babatunde
CONSTRUCTION OFFICIAL

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

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 136 0177
DATE ISSUED Apr 25, 1986
REVISION DATE
Block 14 Lot #1
Subdivision

A. IDENTIFICATION

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

Owner James S & Kathryn LEVIC
Address 2 Peri Place
West Keansburg, NJ
Tel. ([redacted])
Work Site Address Same

Contractor Guy DiGennaro
Address 13 Church ST
Keansburg NJ
Tel. (201) 787-1418
Lic. No. 759285
Federal Emp. No. 144-56-1318

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

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Deck 16' x 12"

9' high

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☒ Other Deck
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
		30.00
SUBTOTAL		$ 30.00
Minimum Building Fee (if applicable)		$ 10.00
Total Building Fee (Greater of Minimum or Subtotal)		$ 30.00

C. BUILDING CHARACTERISTICS

USE GROUP: R3 Present R3 Proposed

No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Estimated Cost of Building Work: $ 1900.00

Total Building Area—All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

D. COMMENTS

Plans to follow

☐ Partial Releases ☐ Prototype Processing

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 16- 2149
DATE ISSUED 12-21-16
REVISION DATE
Block 14 Lot 61
Subdivision

A. IDENTIFICATION

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

Owner James S & Kathryn Lewis
Address 2 Peri Place
West Pennsburg, NJ
Tel. [redacted]
Work Site Address Same

Contractor Guy DiGennaro
Address [illegible]
Tel. (267) 787-1418
Lic. No. 7c9215
Federal Emp. No. [illegible]

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

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Deck 16' x 12'
& Patio
9' height

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☒ Other Deck
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
		30.00
SUBTOTAL		$ 30.00
Minimum Building Fee (if applicable)		$ 10.00
Total Building Fee (Greater of Minimum or Subtotal)		$ 30.00

C. BUILDING CHARACTERISTICS

USE GROUP: R3a Present R3a Proposed

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

Height of Structure ____ Ft. Volume of Structure ____ Cu. Ft.

Area–Largest Floor ____ Sq. Ft. Total Land Area Disturbed ____ Sq. Ft.

Estimated Cost of Building Work: $ 1900.00

D. COMMENTS

Plan to follow

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
5/2/86	o.k. Footing E.D.B
5/12/86	o.k. Decking E.D.B.
5/12/86	o.k. Slab E.D.B
5/20/86	o.k. Final E.D.B.

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☑ CCO ☐ CA

Date: 5/20/86

Inspected By: E.D.B

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

APPROVED BY
TOWNSHIP ZONING OFFICER
THIS 28 DAY OF APR. 1986
Harry A. Baum
ZONING OFFICER

Date 4/28/1986 Application No. 2172

Permit No. 2021

Application is hereby made for a Zoning Permit in conformity with the requirements the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name J. & K. LEVIC

(If Commercial or Industrial give name of store, company etc.)

Address 2 PERI PL.

Block 14 Lot 1 Zone R-70

The above named applicant hereby applies for a Zoning Permit to: ERECT A 12'0" X 16'0" DECK

Fill in the following items that apply to the property in question.

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 9500 Ft.	Type RES.	Total Area ..... Sq.
Frontage 95 Ft.	Gross Flor Area 1100 Sq. Ft.	Min. Side Yard .... Feet
Depth 100 Ft.	Lot Coverage 25 Percent	Min.Rear Yard ..... Feet
	Building Height 22 Feet	

SIGNS: Type / Area permitted / Area Requested /

YARD DIMENSIONS (Not required for signs)

Front 27.8 Ft. Right Side 26.9 Ft. Left Side 15. Ft. Rear 46.4 Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner J. & K. LEVIC Address 2 PERI PL Tel. No. .....

Lessee ..... Address ..... Tel. No. .....

Contractor GUY DIGENNARO Address 13 CHURCH ST, KEANSBURG Tel. No. .....

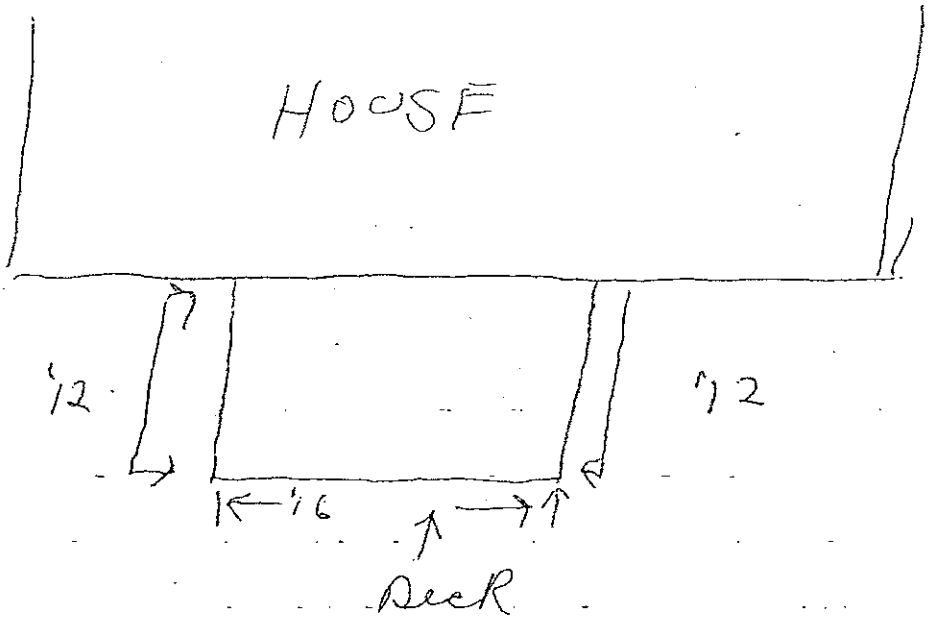
Estimated cost of work $ 1900.00

Zoning Permit Fee $ 15.00

Signature of Applicant or Agent

NOTES:

Harry A. Baum - Zoning Officer



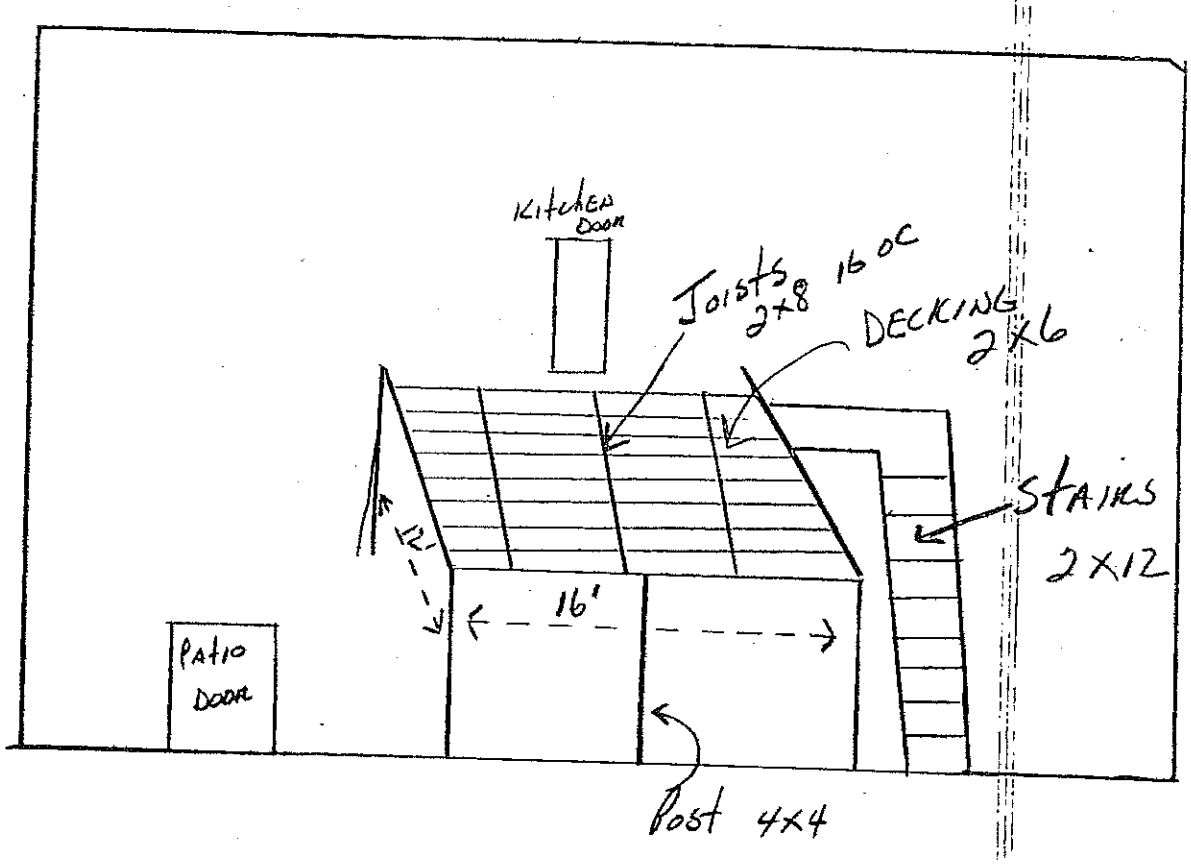
LEVIC
2 PERI PLACE
W. KEANSBURG
NJ
07734

THE DECK WILL BE ALL WOLMANIZED WOOD. AND RAILINGS + STAIR.

POSTS	ALL	4X4s
JOISTS	ALL	2X8 16 O.C.
DECKING	ALL	2X6
RAILINGS	ALL	2X2 + 4X4 5' O.C.
STAIR	ALL	2X12

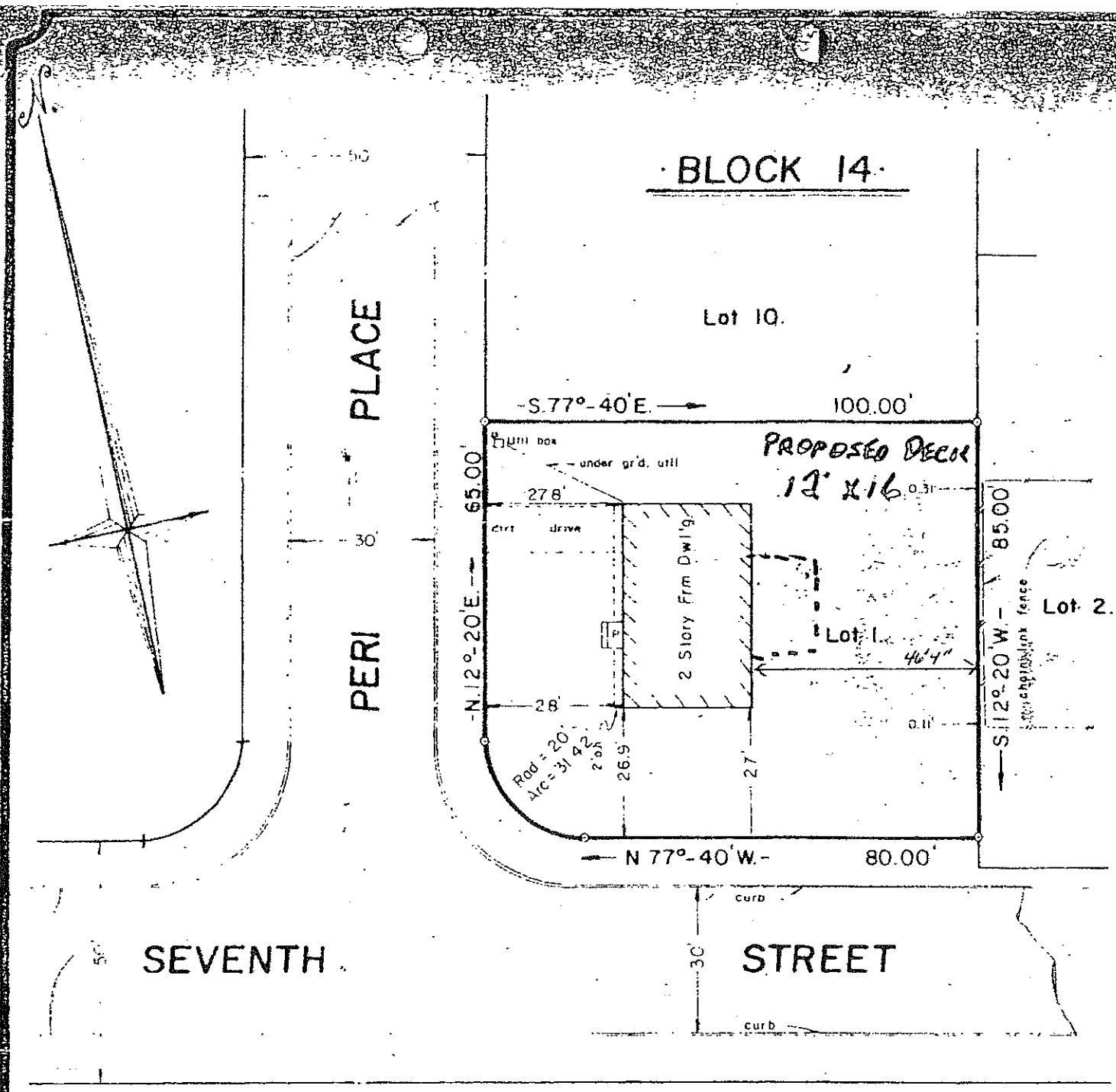
Guy D'Amaro 787-1418

LENIC
2 PERI PLACE
W. KEANSBURG
NJ 07734



THE DECK will CONSIST OF All WOLMANIZED WOOD with the FOLLOWING DEMENSIONS;

OVERALL SIZE OF DECK 12'x16'
POST All 4x4
JOISTS " 2x8 "



NOTE: Being also known as the same Lot & Block numbers as shown on "Final Plat for Periwinkle Properties, Inc., situate Township of Hazlet, Mon. Co., N.J." Rev. Date Jan. 11, 1978 and filed in the Mon. Co. Clk's. Office on June 21, 1978 in Case 153-17.

APPROVED BY HAZLET
TOWNSHIP ZONING OFFICER
THIS 28 DAY OF APR, 1986

Harry A. Baum
ZONING OFFICER

This survey is certified as accurate to

SURVEY OF PROPERTY

Jennifer 4/15/19
Laura 4/15/19
Annie 4/15/19

Evelyn Grandi

From: ADRIANA ONDARZA <opra+request-5011-0f4a9f6b@requests.opramachine.com>
Sent: Monday, April 15, 2019 12:15 PM
To: OPRA requests at Hazlet Township
Subject: OPRA request - Open Construction Permits and Oil Tank, SDL

Dear Hazlet Township,

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

I am requesting all open/closed permits and/or violations from 10/29/2012 to present. I would also like a copy of ~~to know if there~~ is a Substantial Damage Letter, Elevation Certificate and a Survey. Also, I would like to know information regarding the presence of an underground oil tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank location.

RECEIVED
APR 16 2019
ZONING / PLANNING

2 Peri Place 07734

Yours faithfully,

ADRIANA ONDARZA

4/16/19 copy of survey + zoning permit attached

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-5011-0f4a9f6b@requests.opramachine.com

13 pgs @ 5¢ = 65¢ due

Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hazlet_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/open_construction_permits_and_oi_87

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

RECEIVED
APR 15 2019
MUNICIPAL CLERK

OPEN

HAZLET TOWNSHIP
1766 UNION AV.
HAZLET, NJ 07730
(732) 264-1700 FAX (732) 264-0659

April 1, 2019 RE: 2 PERI PL. HAZLET, NJ 07734

US BANK TRUST, NA TRUSTEE
16745 W. Bernadardo Dr. #300
San Diego, CA 92127

RE: Dead Trees, Brush, Overgrown, Shed FINAL NOTICE
2 PERI PL. HAZLET, NJ 07734
Block 14.01 Lot 1

Dear Sir or Madam:

You may not be aware that the above referenced property is in violation of the Hazlet Township Property Maintenance Ordinance, which states that it shall be the responsibility of every property owner to maintain in a safe and orderly condition, all property in the township. This ordinance shall serve to protect the public health, safety, and welfare and to the preserve property values by establishing minimum standards governing the maintenance, appearance and condition of all residential properties.

336.8F the exterior of every structure or accessory structure not inherently resistant to decay shall be maintained in good repair and all surfaces shall be kept painted or otherwise provided with a protective coating sufficient to prevent structural deterioration and to maintain its appearance. They shall be free from broken glass, loose shingles, crumbling stone or brick, excessive peeling paint or other conditions indicative of deterioration or inadequate maintenance so that property may be preserved, safety and fire hazards eliminated, adjoining properties and neighborhoods protected from like conditions and property values preserved.

336.8B Lots on which structures exist, all grass, weeds and other similar growth shall be cut from the curbline or to the edge of the pavement when there is no curb, to the rear property line from the side property line to side property line so that the grass, weeds or other similar growth shall not exceed twelve (12) inches in height.

336.8D7 Any accumulation of unused articles whether named or unnamed herein, for the purpose of salvage, refuse, sale or collection, unless same is enclosed in a structure with four (4) sides and a roof. Any such structure must comply with all ordinances, including but not limited to, the Development Review Ordinance and any and all building and zoning codes of the Township of Hazlet.

The intent of this ordinance is to protect the public health, safety and welfare of all residents by establishing minimum standards governing residential and non-residential properties within the township and to preserve property values.

2 PERI PL. HAZLET, NJ 07734

Violation List
1-3 trees appear dead and must be removed
2-remove all dead brush, tree parts and debris from the lot
3-cut brush back off house, rear stairs and all structures and fencing
4-Old metal shed appears to be collapsing-hazard and an eyesore

The ordinance states that you have ten days to abate the violation(s) to avoid further action including a summons in Hazlet Municipal Court and/or a tax lien being placed on the property.

If you have any questions please do not hesitate to contact me at 732-264-1700 ex. 8685

Sincerely,

Francis Finnerty
Asst. Code Enforcement Officer Hazlet, NJ 07730

HAZLET TOWNSHIP
1766 UNION AVENUE
HAZLET, NJ 07730
(732) 264-1700 FAX (732) 264-0659

May 17, 2018

US Bank Trust, NA Trustee
16745 West Bernadino Dr. #300
San Diego, CA 92127

RE: 2 PERI PACE HAZLET, NJ 07734
Weeds, High Grass,
Block 14.01 Lot 1

Dear Sir or Madam: FINAL NOTICE

You may not be aware that your property is in violation; Hazlet Township has an ordinance 145-1A which states.

It shall be the duty of any owner or tenant or person in possession of any lands in the Township:

1. To keep such lands free of brush, weeds, dead and dying trees, stumps, roots, obnoxious growths, filth, garbage, trash and debris, where the same are inimical to the preservation of public health, safety or general welfare of the Township, or which may constitute a fire hazard.
2. Where the lands abut or border upon any public street in the Township, to remove all grass, weeds, brush or other debris from that part of the street bordering on their respective lands.

High grass and weeds-ENTIRE LOT.

The intent of this ordinance is to protect the public health, safety and welfare of all residents by establishing minimum standards governing residential and non-residential properties within the township and to preserve property values.

The ordinance states that you have ten (10) days to abate so that further action will not be necessary including a summons in Hazlet Municipal Court and/or a summons in Hazlet Municipal Court.

I anticipate your immediate cooperation and if you require additional information please do not hesitate to contact me at 732 264-1700 ex. 8685.

Sincerely,

Francis Finnerty
Asst. Code Enforcement Officer

HAZLET TOWNSHIP
1766 UNION AVENUE
HAZLET, NJ 07730
(732) 264-1700 FAX (732) 264-0659

June 14, 2016

Francis & Katherine Nunez
2 Peri Pl.
Hazlet, NJ 07734

RE: Weeds, High Grass, , Debris, Dead brush,
Block 14.01 Lot 1

Dear Mr. & Mrs. Nunez: **FINAL NOTICE**

You may not be aware that your property is in violation; Hazlet Township has an ordinance 145-1A which states.
It shall be the duty of any owner or tenant or person in possession of any lands in the Township:

1. To keep such lands free of brush, weeds, dead and dying trees, stumps, roots, obnoxious growths, filth, garbage, trash and debris, where the same are inimical to the preservation of public health, safety or general welfare of the Township, or which may constitute a fire hazard.
2. Where the lands abut or border upon any public street in the Township, to remove all grass, weeds, brush or other debris from that part of the street bordering on their respective lands.

High grass and weeds-ENTIRE LOT. Weeds at curb, house, shed and elsewhere. Cut brush off house, shed and fencing. Remove all debris, old shingles, litter and dead brush from the lot.

The intent of this ordinance is to protect the public health, safety and welfare of all residents by establishing minimum standards governing residential and non-residential properties within the township and to preserve property values.

The ordinance states that you have ten (10) days to abate so that further action will not be necessary including a summons in Hazlet Municipal Court and/or a tax lien being placed on the property.

I anticipate your immediate cooperation and if you require additional information please do not hesitate to contact me at 732 264-1700 ex. 8685.

Sincerely,

Francis Finnerty
Asst. Code Enforcement Officer

GJ
Cypress to House Side
& Shed Side

HAZLET TOWNSHIP
1766 UNION AVENUE
HAZLET, NJ 07730
(732) 264-1700 FAX (732) 264-0659

July 26, 2016

Francis & Katherine Nunez
2 Peri Pl.
Hazlet, NJ 07734

RE: Downed tree & tree parts, dead brush, High Grass,
Block 14.01 Lot 1

Dear Mr. & Mrs. Nunez: FINAL NOTICE

You may not be aware that your property is in violation; Hazlet Township has an ordinance 145-1A which states.

It shall be the duty of any owner or tenant or person in possession of any lands in the Township:

1. To keep such lands free of brush, weeds, dead and dying trees, stumps, roots, obnoxious growths, filth, garbage, trash and debris, where the same are inimical to the preservation of public health, safety or general welfare of the Township, or which may constitute a fire hazard.
2. Where the lands abut or border upon any public street in the Township, to remove all grass, weeds, brush or other debris from that part of the street bordering on their respective lands.

Downed tree and parts must be removed from the lot. Remove all dead brush. 2 damaged fences. High grass and weeds-ENTIRE LOT. Weeds at curb, mailbox, house and elsewhere. Cut brush off shed.

The intent of this ordinance is to protect the public health, safety and welfare of all residents by establishing minimum standards governing residential and non-residential properties within the township and to preserve property values.

The ordinance states that you have ten (10) days to abate so that further action will not be necessary including a summons in Hazlet Municipal Court and/or a tax lien being issued on the property.

I anticipate your immediate cooperation and if you require additional information please do not hesitate to contact me at 732 264-1700 ex. 8685.

Sincerely,

Francis Finnerty
Asst. Code Enforcement Officer

HAZLET TOWNSHIP
1766 UNION AV.
HAZLET, NJ 07730
(732) 264-1700 FAX (732) 264-0659

October 27, 2015

Francis & Katherine Nunez
2 Peri Pl.
Hazlet, NJ 07734

RE: Property Maintenance
Block 14.01 Lot 1

Dear Mr. & Mrs. Nunez;

You may not be aware that the above referenced property is in violation of the Hazlet Township Property Maintenance Ordinance, which states it shall be the responsibility of every property owner to maintain in a safe and orderly condition, all property in the township. This ordinance shall serve to protect the public health, safety, and welfare and to preserve property values by establishing minimum standards governing the maintenance, appearance and condition of all residential properties.

> 181-336.8f The exterior of every structure or accessory structure not inherently resistant to decay shall be maintained in good repair and all surfaces shall be kept painted or otherwise provided with a protective coating sufficient to prevent structural deterioration and to maintain its appearance. They shall be free from broken glass, loose shingles, crumbling stone or brick, excessive peeling paint or other conditions indicative of deterioration or inadequate maintenance so that they property may be preserved, safety and fire hazards eliminated, adjoining properties and neighborhoods protected from like conditions and property values preserved.

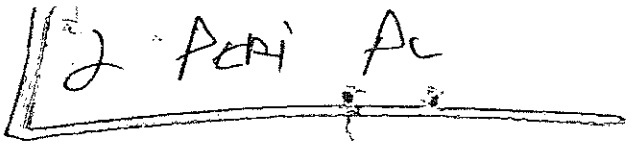
A complaint was received and an inspection revealed the following:
Front gutter hanging off. Repair or remove IMMEDIATELY

The ordinance states that you have ten days to abate said violation to avoid further action.

I anticipate your cooperation to the above violation, and if you have any questions please feel free to contact me at 732-264-1700 ex 8685

Sincerely,

Francis Finnerty
Asst. Code Enforcement Officer



A complaint was received and an inspection revealed
Tarp on roof
Tarp on roof breaking apart
Part of tarp on lawn
Black bags near rear steps
Weed, high grass is spots

The ordinance states that you have ten days to abate the violation(s) to avoid further action including a summons being issued in Hazlet Municipal Court and/or a tax lein being placed on the property.

If you have any questions please do not hesitate to contact me at 732-264-1700 ex. 8685

Sincerely,

FRANCIS FINNERTY
Asst. Code Enforcement Officer

HAZLET TOWNSHIP
1766 UNION AV.
HAZLET, NJ 07730
(732) 264-1700 FAX (732) 264-0659

August 26, 2015

Francis & Katherine Nunez
2 Peri Pl.
Hazlet, NJ 07734

RE: Debris, Structure in Disrepair, Grass-
Block 14.01 Lot 1

Dear Mr. & Mrs. Nunez: **FINAL NOTICE**

You may not be aware that the above referenced property is in violation of the Hazlet Township Property Maintenance Ordinance, which states that it shall be the responsibility of every property owner to maintain in a safe and orderly condition, all property in the township. This ordinance shall serve to protect the public health, safety, and welfare and to the preserve property values by establishing minimum standards governing the maintenance, appearance and condition of all residential properties.

181-336.8F the exterior of every structure or accessory structure not inherently resistant to decay shall be maintained in good repair and all surfaces shall be kept painted or otherwise provided with a protective coating sufficient to prevent structural deterioration and to maintain its appearance. They shall be free from broken glass, loose shingles, crumbling stone or brick, excessive peeling paint or other conditions indicative of deterioration or inadequate maintenance so that property may be preserved, safety and fire hazards eliminated, adjoining properties and neighborhoods protected from like conditions and property values preserved.

181-336.8B Lots on which structures exist, all grass, weeds and other similar growth shall be cut from the curbline or to the edge of the pavement when there is no curb, to the rear property line from the side property line to side property line so that the grass, weeds or other similar growth shall not exceed twelve (12) inches in height.

181-336.8D7 Any accumulation of unused articles whether named or unnamed herein, for the purpose of salvage, refuse, sale or collection, unless same is enclosed in a structure with four (4) sides and a roof. Any such structure must comply with all ordinances, including but not limited to, the Development Review Ordinance and any and all building and zoning codes of the Township of Hazlet.

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A complaint was received and an inspection revealed
Tarp on roof
Tarp on roof breaking apart
Part of tarp on lawn
Black bags near rear steps
Weed, high grass is spots

The ordinance states that you have ten days to abate the violation(s) to avoid further action including a summons being issued in Hazlet Municipal Court and/or a tax lein being placed on the property.

If you have any questions please do not hesitate to contact me at 732-264-1700 ex. 8685

Sincerely,

FRANCIS FINNERTY
Asst. Code Enforcement Officer

Sharon Keegan

From:	Frank Finnerty <ffinnerty@hazlettwp.org>
Sent:	Monday, April 20, 2015 12:07 PM
To:	jennifer.w@cyprexx.com
Cc:	'Sharon Keegan'
Subject:	2 Peri Place Hazlet, NJ 07734 Tarp on roof, Debris, Grass, litter, brush on structures. 4-20-15

HAZLET TOWNSHIP
1766 UNION AV.
HAZLET, NJ 07730
(732) 264-1700 FAX (732) 264-0659

April 20, 2015

Francis & Katherine Nunez
2 Peri Pl.
Hazlet, NJ 07734

RE: Debris, Structure in Disrepair, Grass, Dead Brush
Block 140.01 Lot 1

Dear Mr. & Mrs. Nunez: **FINAL NOTICE**

You may not be aware that the above referenced property is in violation of the Hazlet Township Property Maintenance Ordinance, which states that it shall be the responsibility of every property owner to maintain in a safe and orderly condition, all property in the township. This ordinance shall serve to protect the public health, safety, and welfare and to the preserve property values by establishing minimum standards governing the maintenance, appearance and condition of all residential properties.

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The intent of this ordinance is to protect the public health, safety and welfare of all residents by establishing minimum standards governing residential and non-residential properties within the township and to preserve property values.

An inspection on April 20, 2015 revealed
High grass
Dead brush front and rear lot
Piles of leaves
Debris including, but not limited to, bags, metal bedframe, old fencing, furniture, other
Litter and old newspapers
Remove all litter, debris and dead brush from upper rear deck
Cut brush back off house
Cut brush back off ALL fencing
Cut brush off shed
Cut brush back off rear deck and steps
Tarp on roof for a long time

The ordinance states that you have ten days to abate the violation(s) to avoid further action including a summons in Hazlet Municipal Court and/or a tax lein being placed on the property.

If you have any questions please do not hesitate to contact me at 732-264-1700 ex. 8685

Sincerely,

FRANCIS FINNERTY
Asst. Code Enforcement Officer

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

APPROVED BY

TOWNSHIP ZONING OFFICER

Date 4/28/1986 Application No. 2172

THIS 28 DAY OF APR. 1986 Permit No. 2021

Harry A. Baum

ZONING OFFICER

Application is hereby made for a Zoning Permit in conformity with the requirements the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name J. & K. LEWIS

(If Commercial or Industrial give name of store, company etc.)

Address 2 PERI PL

Block 14 Lot 1 Zone R-70

The above named applicant hereby applies for a Zoning Permit to: ERECT A 12'0" X 16'0" DECK

Fill in the following items that apply to the property in question.

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 8500 Ft.	Type RES.	Total Area ..... Sq.
Frontage 85 Ft.	Gross Flor Area 1100 Sq. Ft.	Min. Side Yard .... Feet
Depth 100 Ft.	Lot Coverage 25 Percent	Min.Rear Yard ..... Feet
	Building Height 22 Feet	

SIGNS: Type .../..... Area permitted .../..... Area Requested .../.....

YARD DIMENSIONS (Not required for signs)

Front 27.8 Ft. Right Side 26.9 Ft. Left Side 15 Ft. Rear 46.4 Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner J. & K. LEWIS Address 2 PERI PL Tel. No. .....

Lessee ..... Address ..... Tel. No. .....

Contractor GUY DIGENNARO Address 13 CHURCH ST, KEANSBURG Tel. No. .....

Estimated cost of work $ 1900.00

James J. Lewis

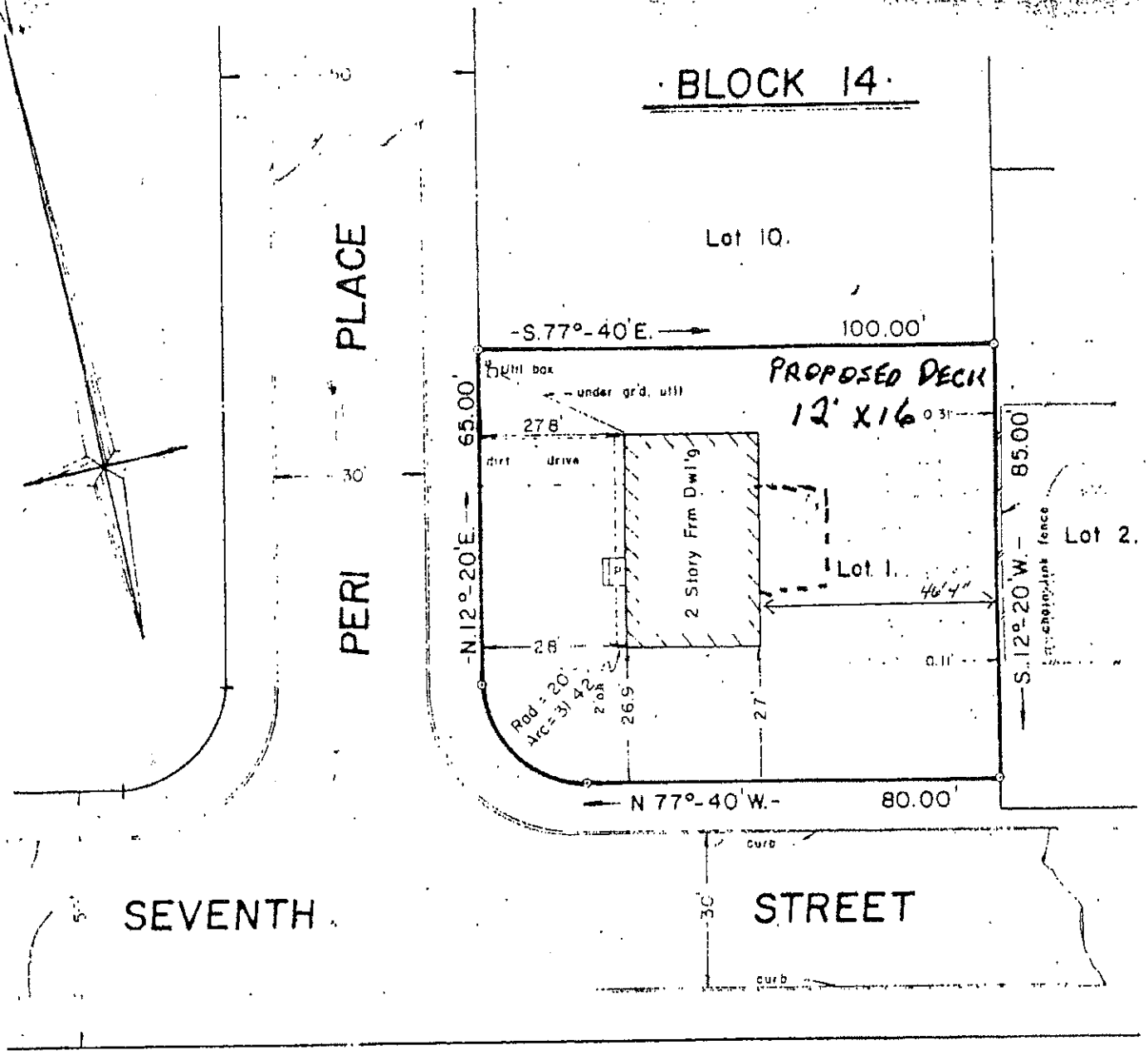
Signature of Applicant or Agent

Zoning Permit Fee $ 15.00

NOTES:

Harry A. Baum

Harry A. Baum - Zoning Officer



NOTE: Being also known as the same Lot & Block numbers as shown on "Final Plat for Periwinkle Properties, Inc., situate Township of Hazlet, Mon. Co., N.J." Rev. Date Jan. 11, 1978 and filed in the Mon. Co. Clk's. Office on June 21, 1978 in Case 153-17.

APPROVED BY HAZLET
TOWNSHIP ZONING OFFICER
THIS 20 DAY OF APR, 1986
Harry A. Baum
ZONING OFFICER

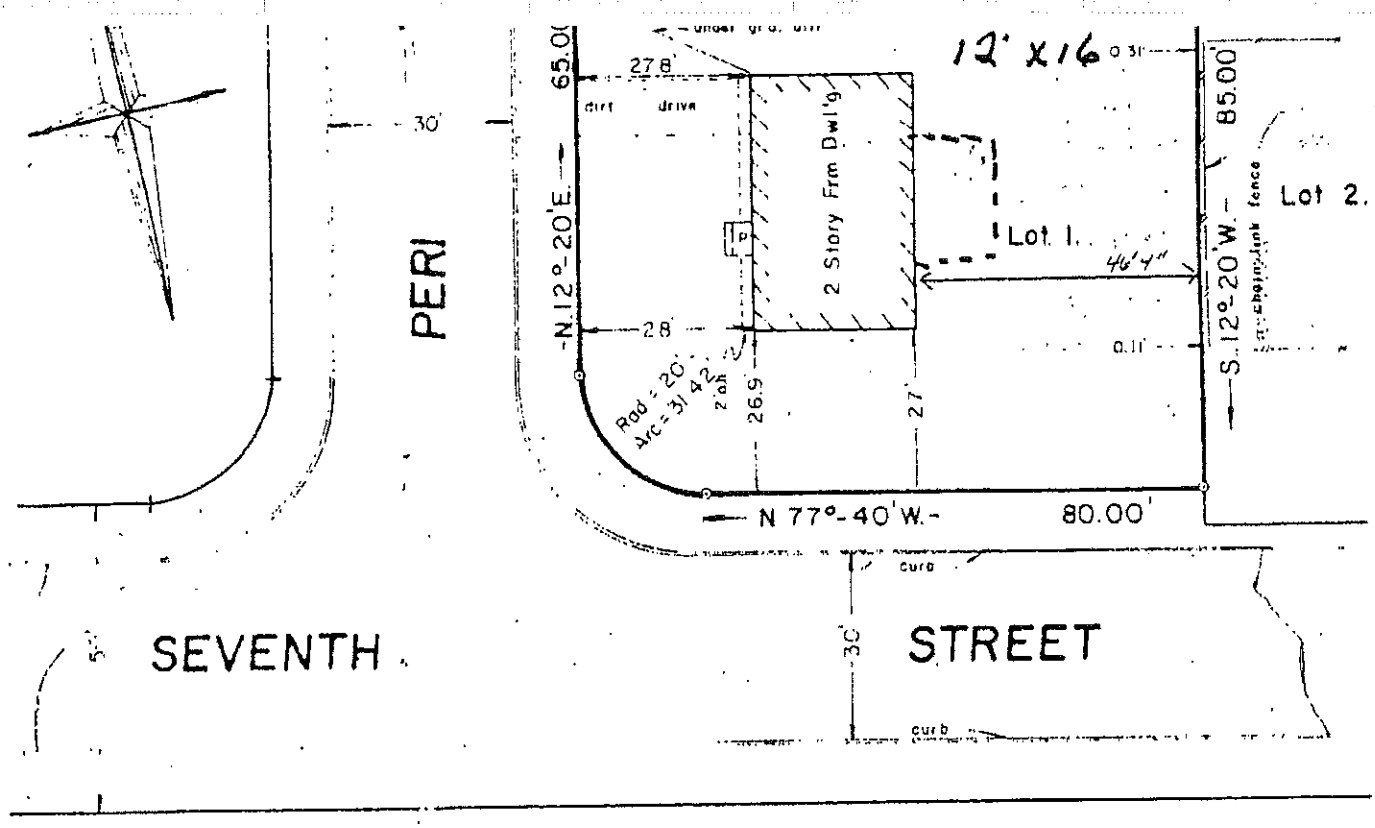
This survey is certified as accurate to:
Robert A. Searles & Jeanne L. Searles, his wife;
Allstate Mortgage Corporation and
Chelsea Title and Guaranty Company:

SURVEY OF PROPERTY

situate in

TOWNSHIP OF HAZLET, MONMOUTH CO.

TAX MAP BLOCK 14 LOT 1



NOTE: Being also known as the same Lot & Block numbers as shown on "Final Plat for Periwinkle Properties, Inc., situate Township of Hazlet, Mon. Co., N.J." Rev. Date Jan. 11, 1978 and filed in the Mon. Co. Clk's. Office on June 21, 1978 in Case 153-17.

APPROVED BY HAZLET
TOWNSHIP ZONING OFFICER
THIS 20 DAY OF APR, 1979
Harry A. Baum
ZONING OFFICER

This survey is certified as accurate to:
Robert A. Searles & Jeanne L. Searles, his wife;
Allstate Mortgage Corporation and
Chelsea Title and Guaranty Company.

William T. Murray, N.J. L.S. Lic. No. 11666

SURVEY OF PROPERTY

situate in

TOWNSHIP OF HAZLET, MONMOUTH CO.,

TAX MAP BLOCK 14 LOT 1
(as shown on current Official Tax Map)

SCALE 1" = 30' DATE March 12, 1979

W. T. MURRAY
240 SO. LINCOLN AVENUE
ELBERON, N.J. 07740
201-222-3964
SURVEYO
PLANNE

F. 830
FM 922

Jennifer 4/15/19
Laura 4/15/19
Annie 4/15/19

Evelyn Grandi

From: ADRIANA ONDARZA <opra+request-5011-0f4a9f6b@requests.opramachine.com>
Sent: Monday, April 15, 2019 12:15 PM
To: OPRA requests at Hazlet Township
Subject: OPRA request - Open Construction Permits and Oil Tank, SDL

Dear Hazlet Township,

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

I am requesting all open/closed permits and/or violations from 10/29/2012 to present. I would also like to know if there is a Substantial Damage Letter, Elevation Certificate and a Survey. Also, I would like to know information regarding the presence of an underground oil tank, if applicable, including permits, remediation reports, environmental reports, and surveys showing underground oil tank location.

2 Peri Place 07734

Yours faithfully,

ADRIANA ONDARZA

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-5011-0f4a9f6b@requests.opramachine.com

Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hazlet_township

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/open_construction_permits_and_oi_87

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

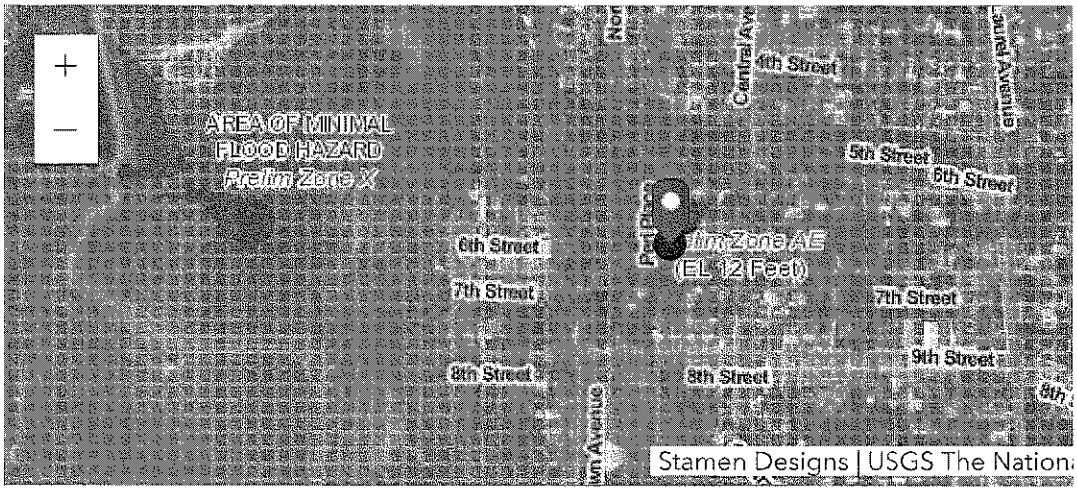
RECEIVED
APR 15 2019
MUNICIPAL CLERK

*NO ELEVATION CERTIFICATE ON FILE
*NO SUBSTANTIAL DAMAGE LETTER ON FILE

Enter an address to view effective and updated flood risk information for that location:

2 Peri Place, Hazlet, NJ 07730 Clear Details

Approximate Address Identified: *2 Peri Place, Hazlet, NJ 07730*



Updated FEMA Flood Hazard Data

FEMA flood hazard data currently available for coastal areas of New York and New Jersey is provided below to help you understand the current flood risk to your property and to guide Sandy recovery and rebuilding efforts.

*Note: This tool provides flood zone and Base Flood Elevation (BFE) information for areas affected by **coastal flood risk**. However, **riverine flood zone** information will also be returned by the tool in communities where preliminary FIRMs have been released.*

Attribute Name	Attribute Value
What is the most recent FEMA flood hazard data source available for this location?	PRELIMINARY FLOOD INSURANCE RATE MAP (FIRM)
What is my property's Base Flood Elevation (BFE)? (For AO Zones, the flood depth will be shown instead of an elevation; For N/A results, please contact your local floodplain administrator for more information.)	12 ft (NAVD88)
What is my property's Flood Zone? (For N/A results, please contact your local floodplain administrator for more information.)	AE
Is my Property in the Area of Moderate Wave Action?	N/A

Attribute Name	Attribute Value
What is the estimated ground elevation at this location? (See licensed surveyor for actual elevation of your building)	N/A
What does my FEMA Flood Hazard Map Panel Look Like?	Link to download PDF Panel
View your property on our Interactive Web Tool	Link to Web Tool
Where can I get the GIS data for my property area?	N/A

Effective Flood Insurance Data

This information is from the effective Flood Insurance Rate Map for your community. It is used to determine who must buy flood insurance and how much it costs. It may also be used by your community to regulate development in flood prone areas.

Attribute Name	Attribute Value
What is my property's current effective Base Flood Elevation?	N/A
What is my property's current effective Flood Zone?	N/A
View your property on our Interactive Web Tool	Link to Web Tool for Effective Data