22.080

Donna Belton

From: Lydia Clancy <opra+request-28853-d304313a@requests.opramachine.com>
Sent: Tuesday, January 18, 2022 10:09 AM
To: clerkforms
Subject: OPRA request - Open/closed permits & survey request for 74 Vardon Way, Farmingdale, NJ 07727

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Howell 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:
Requesting OPRA for a list of all open & closed permits on the referenced property. Please include a copy of the survey if available.

Property address: 74 Vardon Way, Farmingdale, NJ 07727
Lot: 40.70
Block: 185

Thank you so much. :)

Best Regards,

Lydia Clancy

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-28853-d304313a@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,RRpoh1RjgFApkJ5eRXVIS7XN2cD1fl_-ajGa839qUdAfmFWjVH1gYHzv6VIygYPKNrIKz3xuK6Em1GMxN6BPMm1-5trBEbgiwNc8guCogRAWNuEqMbyDog,,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,_VkCyVvTd5Dbe12Yct9HWA0MJddqpTceuQZqdXEeK6tEhBDXSVcGTjeBSKdODaXsipkx8u6EaY66Z2AxJkk5ph5AkNohxlSdryTWPjWcpoR6Ag,,&typo=1

View this OPRA request & responses online:

Donna Belton

From: Janine Martuscelli
Sent: Wednesday, January 19, 2022 11:14 AM
To: Donna Belton
Cc: Justin Meyer
Subject: RE: OPRA 22-080
Attachments: BLK185 - L40.70 CA HWH-2015-05-29.pdf; BLK 185 - L 40.70 CA REPLACEMENT AC SYSTEM, REPLACEMENT FURNACE, REPLACEMENT GAS WATER HEATER-2018-08-09.pdf; BLK185 - L40.70 CA GENERATOR-2013-08-26.pdf; 99-1551.pdf; 04-2152.pdf; 96-0804.pdf; CASE FILE 1999.pdf

Donna

Attached are all closed permits for the above for construction, land use and engineering. There are no open permits. There is a survey attached to one of the permits.

Janine

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Tuesday, January 18, 2022 10:29 AM
To: Todd Morgano <tmorgano@twp.howell.nj.us>; Janine Martuscelli <jmartuscelli@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA 22-080

Good Morning,

Attached please find OPRA 22-080 for your review. Please forward your findings to me no later than 1/27/2022.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000
dbelton@twp.howell.nj.us

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 5/29/2015
Control Number C-11965
Permit Number 20100686
Permit Issue Date 4/21/2010
Certificate Number 20100686

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 74 VARDON WAY Howell Township, NJ Block: 185 Lot: 40.70 Qual:

Owner in Fee: ERICKSON, RICHARD & HUOYCHY

Owner Address: 74 VARDON WAY FARMINGDALE NJ 07727

Telephone: [redacted]

Contractor A.J. PERRI Inc

Address 1138 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 747-3131 Fax: (732) 982-8715

License Number or Builders Registration Number: 36BI01256600 13VH00346300 13296B Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT GAS WATER HEATER

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/29/2015

U.C.C. F260 (rev. 08/05)

185-40.70

232757

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4-21-10
Control # G1765
Date Issued
Permit # 20100686

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

Block 185 Lot 40.70 Qualification Code
Work Site Location 74 Vardon Way
Farmingdale 07727
Owner in Fee Erickson
Address Same
Tel [redacted]
Contractor MICHAEL J. PERRI T/A AJ PERRI, INC.
Address 9 JOHNSON STREET
MONMOUTH BEACH, NJ 07750
Tel (732) 982-8700 FAX (732) 982-8715
Contractor License No. 12566
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 600.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required Minor WK
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3/29/10
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 5/3/10
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO			OK	AF
CC Final			5/3/10	AF

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of 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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 65
State Permit Surcharge Fee	$
TOTAL FEE	$ 66

U.C.C. F130 (rev. 01/04)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

AJ 020 Rev 2 09

232 757

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4-21-10
Date Issued
Control # C-11965
Permit # 2 0100686

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

Block 185 Lot 40.70
Work Site Location 74 Vardon Way
Farmingdale 07727
Owner in Fee Erichson
Address Same
Tele. ([redacted])
Contractor A.J. Perri, Inc.
Address 1138 Pine Brook Road
Tinton Falls, NJ 07724
Tele. (732) 982-8700 Fax (732) 982-8715
Lic. No.
Federal Emp. No. [redacted] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1,400.- [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb [ ] Elec
[ ] Fire Plans Approved
Date: 5/3/10
Approved by
SUBCODE APPROVAL:
[ ] CO [ ] CA
Date: 5/3/10
Approved by

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other FINAL			5/3/10	

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.

Greg Johnston
SIGNATURE

D. TECHNICAL SITE DATA

Description of work

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 (Collected)		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		65.00
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	
OTHER HOOD		
Administrative ~~Surcharge~~		$
Minimum Fee		$
TOTAL FEE		$

Paid [ ] Check #
Collected by

U.C.C. Form F-140A
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy
AJ 023 Rev 05 07

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 185 LOT 40.70 PERMIT #

WORK SITE ADDRESS 74 VARSON WAY FARMINGDALE NJ 07727

Applicant HOOKAY Erickson

Certifying Individual Louis Malvasi Company A.J. PERRI, INC.

Address 1138 PINE BROOK ROAD, TINTON FALLS N.J. 07724
Street City State Zip Code

Tel. (800) 287-2164

Check the Appropriate Box

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney:

- [ ] B Label Vent
- [ ] L Label Vent
- [ ] Masonry Chimney — Tile Lined
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

Oil to Oil or ~~Gas to Gas~~ Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Signature 3-10-10
Date

Certification Not Submitted:

I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

Direct Vent Appliance:

No certification required:

Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
Rev 2/95

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 8/6/2018
Control Number C-43249
Permit Number 20181781
Permit Issue Date 7/11/2018
Certificate Number 20181781

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 74 VARDON WAY FARMINGDALE, NJ 07727 Block: 185 Lot: 40.70 Qual:

Owner in Fee: ERICKSON, RICHARD & HUOYCHY

Owner Address: 74 VARDON WAY FARMINGDALE NJ 07727

Telephone: [redacted]

Contractor RJ WALSH ASSOCIATES

Address PO BOX 119 ALLENTOWN NJ 08561

Telephone: (609) 509-0173 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT AC SYSTEM, REPLACEMENT FURNACE, REPLACEMENT GAS WATER HEATER

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/6/2018

U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/21/18
Control # 43249
Date Issued 7/11/18
Permit # 20181781

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

Block 185 Lot 40.70 Qualification Code

Work Site Location 74 Vardon Way

Owner in Fee: Erickson

Tel. [redacted] e-mail

Address Same
street municipality zip code

Contractor: Robert M'Williams Tel. 609 251-8420

Address PO Box 19 Allentown NJ e-mail

Contractor License No. 16346 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 6/21/18

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 8-7-18

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	7-19-18		8-1-18	W
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Outlet for water heater + Connect new A/C unit

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	75
		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3 ton	KW Central A/C Unit	200
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 1.50

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 11/09) Internet version

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

185. 40.70

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 6/21/18
Control # 43249
Date Issued 7/11/18
Permit # 20181781

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

Block 185 Lot 40.70 Qualification Code 74

Work Site Location 74 Varden Way

Owner in Fee: [redacted]

Tel. [redacted] e-mail

Address Same

Contractor: Carney Plumbing & Heat (street, municipality) Tel. (732) 685-8049 (zip code)

Address 14 Orchard Rd. e-mail
W. Long Branch

Contractor License No. 5548 Exp. Date

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

Federal Emp. ID No. [redacted] FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 2650

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: 6-22-18 Approved by: JW
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6-25-18
Approved by: Allen Gastel

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7-19-18
Approved by: Allen Gastel

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			near	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
near C.V			OK	JW
TCO Detector				
Final			7-19-18	AG

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Erminio Aurilio

Print name here: ERMINIO AURILIO

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK replace water heater with power vent water heater

QTY.	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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other Condensate line	

near 2 bedrooms

Administrative Surcharge $	
Minimum Fee $	65
State Permit Surcharge Fee $	5
TOTAL FEE $	70

MECHANICAL INSPECTION
TECHNICAL SECTION

Date Received 6/21/18
Control # 43249
Date Issued 7/11/18
Permit # 20181781

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

Block 185 Lot 40.70 Qualification Code _____

Work Site Location 74 Vardon Way

Owner in Fee: Ericksun

Tel. [redacted] e-mail _____

Address Same
street municipality zip code

Contractor: Perfection Air Tel. _____

Address 39 Boom lane e-mail _____
Brick NJ

Contractor License No. [redacted] Exp. Date 6-30-18

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

Federal Emp. ID No. _____ FAX: _____

B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3, R-4, or R-5 (circle one) Proposed: R-3, R-4, or R-5 (circle one)

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

Type: [ ] Hydronic [X] Hot Air

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Estimated Cost of Mechanical Work $ 8700

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: _____

Print name here: Tom Flygare

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK replace gas furnace and A/C with 96% AFU.E gas furnace and 14.5 seer A/C

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
____	Water Heater	$ ____
____	Fuel Oil Piping Connections	____
1	Gas Piping Connections	____
____	Steam Boiler	____
____	Hot Water Boiler	____
1	Hot Air Furnace	____
____	Oil Tank	____
____	LPG Tank	____
____	Fireplace	____
____	Generator	____

Administrative Surcharge $ ____
Minimum Fee $ 65
State Permit Surcharge Fee $ 17
TOTAL FEE $ 82

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Mechanical Plans Approved
Date 6-22-18 Approved by: [signature]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6-25-18
Approved by: [signature]

SUBCODE APPPROVAL for CERTIFICATE
[✓] CA [ ] CCO
Date: 7-19-18
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping	____	____	____	____
Appliance	____	____	____	____
Chimney/Vent	____	near bedrooms	____	____
Oil Piping	____	____	____	____
Oil Tank	____	____	____	____
LPG Tank	____	____	____	____
Hydronic Piping	____	____	____	____
Fireplace	____	____	____	____
Chimney Cert.	____	____	OK	JKO
Other Detector	____	____	____	____
Final			7-19-18	AC

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

U.C.C. F145 (rev. 11/09) Internet version

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 74 Vardon Way

Owner in Fee Erickson

Verifying Individual Thomas Reinstadtler Company RJ Walsh Associates

Address PO Box 115 Allentown NJ 08501
Street City State Zip Code

Tel: (609) 259-4173 Fax: (____) _____

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: **Size** _____

- [ ] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Furnace	Oil / (Gas) / Other: _____	104,000
Appliance 2:	Water heater	Oil / (Gas) / Other: _____	30,000
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: ' _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

_____
Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ 6/20/18
Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection.

U.C.C. F370 (rev. 01/12)

FURNACE REPLACEMENT CHECK LIST

MANUFACTURED BY: Comfortmaker ..... **EFFICIENCY:** 90+

LOCATION:

- X **BASEMENT**
- ___ **GARAGE**
  - ☐ Source of ignition 18" above floor
  - ☐ Impact protection
- ___ **CLOSET or UTILITY ROOM**
  - ☐ Combustion air – Prohibited sources (sleeping, bath and toilet rooms)
- ___ **ATTIC**
  - ☐ 24" secured walkway
  - ☐ 30" x 30" service area
  - ☐ 20 ft max remote location from opening
  - ☐ 50 ft max remote location with 6 ft high passage way
  - ☐ Light and service outlet
- ___ **CRAWLSPACE**
  - ☐ 30" high by 22" wide opening

TYPE OF FUEL

- X **NATURAL GAS**
- ___ **LP GAS**
  - ☒ Gas cock within 6 ft of unit
  - ☒ Drip leg
  - ☐ Flexible connector – 36" max
  - ☒ Hard piped
- ___ **FUEL OIL**
  - ☐ Oil filter
  - ☐ Oil shut off

FLUE PIPE

- ___ **SINGLE WALL – Condition space**
- ___ **TYPE B METAL VENT – Un-condition space**
- X **PVC or ABS PLASTIC – 90+**
  - ☒ Properly secured
  - ☒ Properly supported
  - ☒ Properly pitched
  - ☐ Sealed at chimney

REPLACEMENT WATER HEATER
CHECK LIST

ADDRESS..... **BLK**..... **LOT**.....

- ☐ Manufacture By ..A.O. Smith.....
- ☐ Serial Number .....
- ☐ Gallons .....50.....

TYPE OF ENERGY

- ☑ Natural Gas
- ☐ L.P. Gas
- ☐ Electric
- ☑ Power Vent

- ☑ Shut off valve
- ☑ Jumper Wire
- ☑ Adapters not leaking
- ☒ Gas Cock
- ☒ ~~Flexible Gas Connector~~ hard piped
- ☑ Drip Leg on Gas
- ☑ Relief Valve Discharge to a Safe Location (6" A.F.F.) Floor
- ☐ Emergency Pan (if supplied)
- ☐ Vacuum Breaker (if applicable)
- ☐ Flue Pipe Secured
- ☐ Flue Clearance – 6" on single wall and 1" on double wall
- ☐ 4" Flue Connector
- ☑ CO Detector
- ☑ Combustion Air
- ☑ Gas Detector Used

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 8/26/2013
Control Number C-22216
Permit Number 20130397
Permit Issue Date 2/15/2013
Certificate Number 20130397

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 74 VARDON WAY Howell Township, NJ Block: 185 Lot: 40.70 Qual:

Owner in Fee: ERICKSON, RICHARD & HUOYCHY

Owner Address: 74 VARDON WAY FARMINGDALE NJ 07727

Telephone: [redacted]

Contractor NJR HOME SERVICES

Address 1415 WYCKOFF ROAD WALL NJ 07719

Telephone: (732) 938-7330 Fax: (732) 938-3010

License Number or Builders Registration Number: 34EB01231200
34EI01231200
13VH00361500
36BI00969200

Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GENERATOR

Certificate Comments: GENERAC 7KW

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/26/2013 U.C.C. F260 (rev. 08/06)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/15/13
Control # C22216
Date Issued
Permit # 20130397

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

Block 185 Lot 40.70 Qualification Code

Work Site Location 74 Vardon Way
Farmingdale

Owner in Fee: Richard Erickson

Tel. (732 751-0079) e-mail

Address

Contractor: NJR HOME SERVICES (street, municipality) Tel. (732) 919-8090 (zip code)

Address 1415 WYCKOFF RD
WALL NJ 07719 e-mail

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: (732) 938-3010

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present X Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 2266.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: install standby generator
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[X] CO Detectors/110v		0
Alarm Devices (i.e., smoke, heat, pulls, water/flow) required	1	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	65
Fireplace Venting/Metal Chimney		
Other		
		Administrative Surcharge $
		Minimum Fee $
		State Permit Surcharge Fee $
		TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: 2/19/13 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2/21/13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4/9/13
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			4/9/13	
Final				
Other FINAL				

U.C.C. F140 (rev. 11/09)

185 - 40.70

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/15/13
Control # 1-22216
Date Issued
Permit # 20130397

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

Block 185 Lot 40.70 Qualification Code

Work Site Location 74 Vardon Way
Farmingdale

Owner in Fee: Richard Erickson

Tel. (732) 751-0078 e-mail

Address (street / municipality / zip code)

Contractor: NJR HOME SERVICES Tel. (732) 919-8090

Address 1415 WYCKOFF RD
WALL NJ 07719 e-mail

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. 22-3609806 FAX: (732) 938-3010

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 3200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-8-13
Approved by: Allan Haastrup

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4-9-13
Approved by: Allan Haastrup

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			3-20-13	AF
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			4-9-13	DK

Land Use Release - OK

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
install standby generator w/gas piping

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
15'	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
15/30	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other generator	

Administrative Surcharge	$
Minimum Fee	$ 65
State Permit Surcharge Fee	$ 4
TOTAL FEE	$ 69

1110

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/15/13
Control # C-22216
Date Issued
Permit # 20130397

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

Block 185 Lot 40.70 Qualification Code

Work Site Location 74 Vardon Way
Farmingdale

Owner in Fee: Richard Erickson

Tel. (732 751-0078) e-mail

Address

Contractor: NJR HOME SERVICES (street, municipality) Tel. 732 938-1105 (zip code)

Address 1415 WYCKOFF RD
WALL, NJ 07719 e-mail

Contractor License No. 12312 Exp. Date 3/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No. 22-3609808 FAX 732 938-3010

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ ~~2266.00~~

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[X] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 2-19-13
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 4-9-13
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4-9-13	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Daniel J Neary

Print name here: Daniel J Neary

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
install standby generator w/trans switch

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
1	7	KW Transformer/Generator	25
1	50	AMP Service trans switch	75
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$ 100
Minimum Fee	$ 4
State Permit Surcharge Fee	$ 104
TOTAL FEE	$

U.C.C. F120 (rev. 11/09)

BLOCK 185 LOT 40.70 QUALIFICATION CODE _____ ADDRESS (SITE) 74 Vardon way PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 74 Vardon way
2. Name of Owner In Fee: Dalessandro Tel. ([redacted])
   Address 74 Vardon way (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Catiero Carpentry Tel. (732) 938-6409
   Address 787 Squankum Yellow Brook Rd Farmingdale
   License No. OR, if new home Builder Reg. No. [redacted] Exp. Date _____
   Federal Employee No. [redacted] FAX: (732) 919 7085
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work Vincent Catiero
   Tel. (732) 938-6409 FAX (732) 919 7085

Deck

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 72		
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 364 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 _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

		Est. Cost
1.	☐ Minor Work	
2.	☐ New Building	
3.	☐ Addition	
4.	☒ Alteration	
5.	☐ Fire Protection	
6.	☐ Plumbing	
7.	☐ Electrical	
8.	☐ Elevator Devices	
9.	☐ Asbestos Abat. Subch. 8	
10.	☐ Lead Hazard Abatement	
11.	☐ Demolition	
	TOTAL COSTS	4000

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
			4/22/99	DMD			

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:

DS HW-B 10503042

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 7/8/99

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. 5:32-2.15(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 _____

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

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									
☐ 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. _____	_____	_____	_____	_____

Date Issued 8-10-99
Control #
Permit # 99-1551

CERTIFICATE

IDENTIFICATION

Block 185 Lot 40.70
Work Site Location Same as below

Owner in Fee/Occupant Dalessandro
Address 74 Vardon Way
Farmingdale, NJ 07727
Tele. ( ) 751-1019
Contractor Cafiero Carpentry
Address 787 Squankum Yellowbrook Rd
Farmingdale, NJ 07727
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

Completion and approval of decks 12' x 7' and 14' x 20'

☐ **CERTIFICATE OF OCCUPANCY**

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

☒ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

☐ **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 _____.

Est Cost 4000.00

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

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

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

CONSTRUCTION PERMIT

Date Issued 7-28-99
Control #
Permit # 99-1551

IDENTIFICATION Block 185 Lot 40.10

Work Site Location 74 Wardon Way
Farmingdale

Owner in Fee [redacted]
Address 74 Wardon Way
Farmingdale

Tel. (732) [redacted]

Contractor Coffin Carpentry
Address 787 Squankum Yellowbrook
Farmingdale N.J. 07727

Tel. (732) 938-8104

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Decks 14x20 7x12

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 $ 4000

T.U. (BF)
Construction Official

Date

PAYMENTS (Office Use Only)

Building	72.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	3.00
Cert. of Occupancy	
Other	
Total	75.00
Check No.	4767
Cash	
Collected by	BF 7-28-99

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

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

(see reverse side)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-28-99
Date Issued
Control #
Permit # 99-1551

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

Block 185 Lot 40.70
Work Site Location 74 Verdon Way Farmingdale NJ
Owner in Fee D'alessandro
Address 74 Verdon Way Farmingdale
Tele. [redacted]
Contractor Cotica Carpentry
Address 787 Squankum Yellowbrook Rd Farmingdale
Tele. (732) 938-6409 Fax (732) 938-919 7085
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

X [signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Deck
14X20 & 7X12 ground level

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[X] Footing		
[ ] Foundation		
[X] Frame	7/22/99	DMB
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/11/99
Approved by: DMB

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing			8/4/99	TD
Foundation				
Slab				
Frame			8/9/99	CG
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			8/9/99	CG
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____

[ ] Demolition

FEE (Office Use Only)

	$
	72-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 3-
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Constr. Class Present _____ Proposed 5-B
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor 364 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) $ 4000

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-28-99
Date Issued
Control #
Permit # 99-1551

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

Block 185 Lot 40.70
Work Site Location 74 Verdon Way Farmingdale N.J
Owner in Fee D'Alessandro
Address 74 Verdon Way Farmingdale
Tele. (732) [redacted]
Contractor Carfra Control
Address 787 Sycamore Hollowbrook Rd Farmingdale
Tele. (732) 938-6409 Fax (732) [illegible] 919 7085
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[X] Footing		
[ ] Foundation		
[X] Frame	7/22/99	DMB
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 8/17/99
Approved by: DMB

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

B. BUILDING CHARACTERISTICS

Use Group Present / Proposed R-3
Constr. Class Present / Proposed 5B
No. of Stories
Height of Structure 7'-4" Ft.
Area — Largest Floor 364 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) $ 4000

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 Enrico D'Alessandro
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Deck
14X20 & 7X12 ground level

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

FEE (Office Use Only)

	$
	72-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 3-
TOTAL FEE	$

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 185.01 LOT(S) 8 STREET 74 Vardon Way

APPLICANT: NAME D'Alessandro

ADDRESS 74 Vardon Way Farmingdale

PHONE [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool X Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way 30' feet (and ____ feet if a corner lot)
Side yard clearances 35' feet and ____ feet
Rear yard clearances 46' feet

DESCRIPTION OF STRUCTURE: Height 16' feet to highest point
Length 27 feet Width 14 feet

Type of fence: ____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE: #4758
FEE: X $10.00 residential
FEE: ____ $20.00 non-residential

SIGNATURE OF APPLICANT 7-9-99 DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

7/9/99
Date

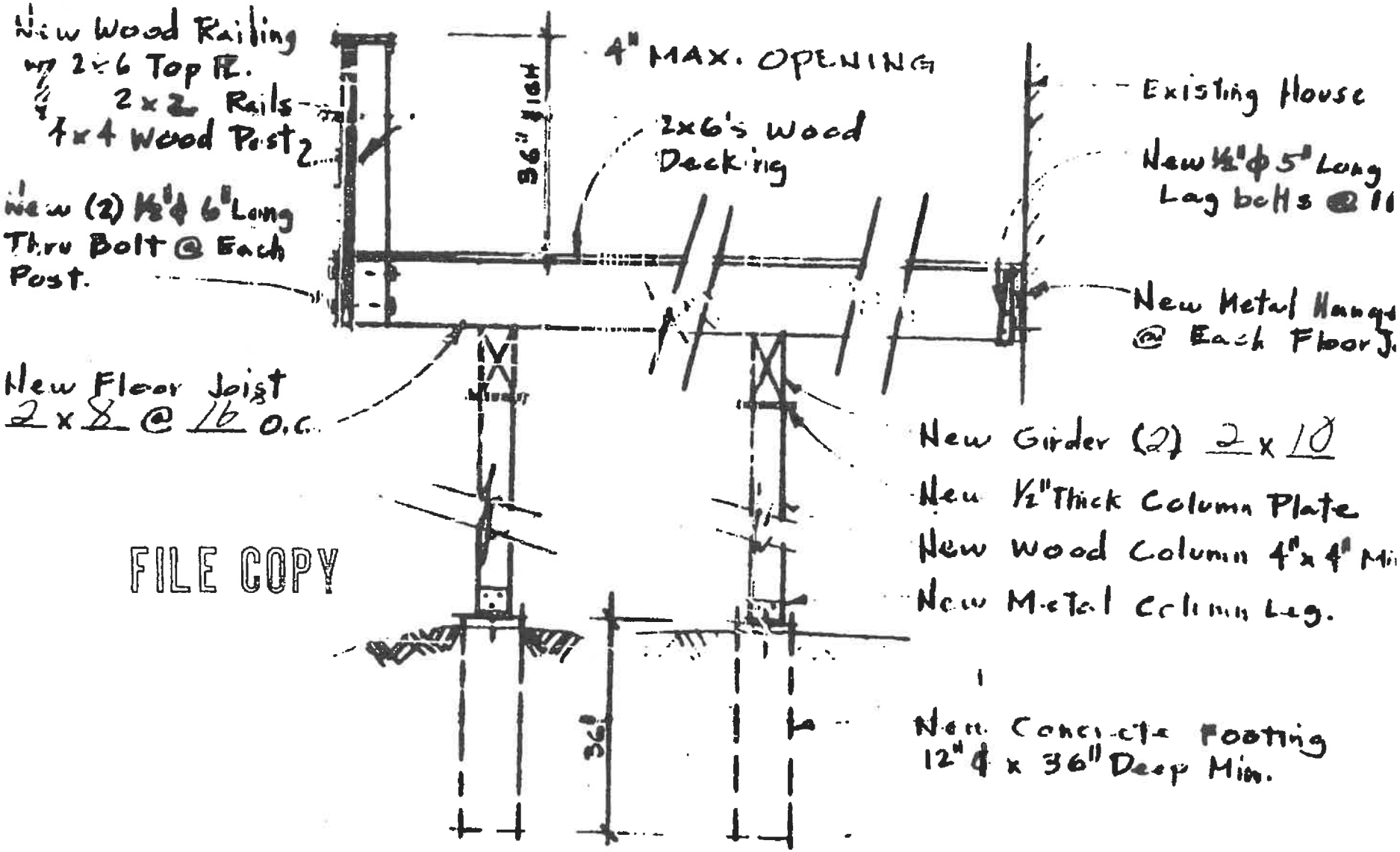
Vito Mannarino
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: Receipt # 3296

REFERRALS:
X To Building Dept.
____ To Planning Bd.
____ To Fire Prevention
____ To Zoning Bd.
____ To Bd. of Health
____ To M.U.A.
____ To Engineering
____ To ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE

Name D'Alessandro Address 74 Verdon Way
Block 185 Lot 40.10



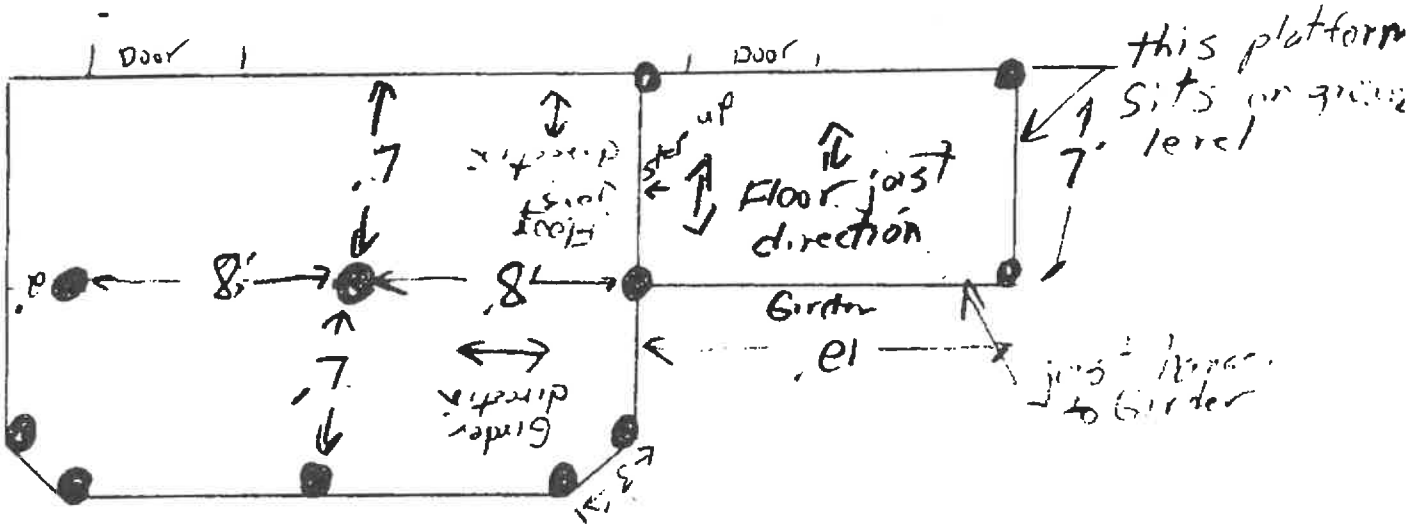
FILE COPY

SECTION THRU DECK

E J D'Alessandro

NAME D'alessandro BLOCK- 185 LOT 40.70
ADDRESS 74 Vardon Way PHONE # 751-1019

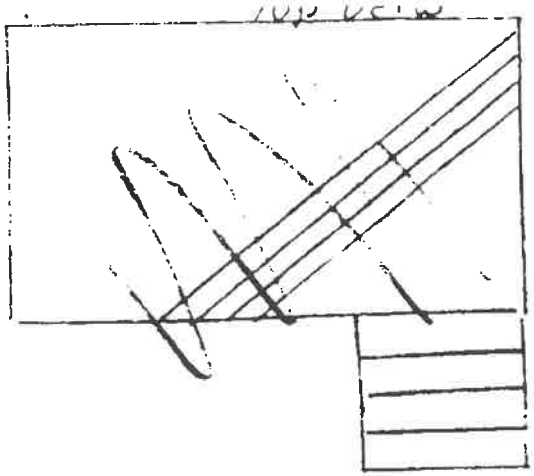
-ALL FOOTINGS 3 FT DEEP BY 1 FT ROUND WITH ANCHOR BOLTS.
-ALL GIRDERS DOUBLE 2X10 8FT ON CENTER.
-ALL FLOOR JOISTS 2X8 —16 INCH ON CENTER WITH TECO HANGERS.
-2X6 DECKING.
-RAILINGS - 3FT HEIGHT NOT MORE THAN 5FT BETWEEN 4X4 POSTS. SPINDLES NOT MORE THAN 4 INCH ON CENTER.
-LEDGER BOARD – TAKE SIDING OFF AND BOLT LEDGER BOARD TO HOUSE WITH 3/8 X 5 INCH LAG BOLTS 16 INCH ON CENTER. w/flashing
-STEPS- RISERS NOT GREATER THAN 8 INCHES HIGH.TREAD -NOT LESS THAN 11 INCHES
-FOOTINGS OR 4 INCH PAD UNDER STAIR POSTS.
-DECK HEIGHT- 16"



EJ Dalessandro

Steps

2x12 stringers
2x12 treads
w/ 8 risers



TOWNSHIP OF HOWELL : PLAN REVIEW CHECKLIST

NAME Dalessandro

ADDRESS 74 Yardon Way

PHONE # 751-1019

BLOCK 185 LOT 40.70

DATE SUBMITTED 7/9/99

PRIOR APP. DATE _____

Deck

	FIRST REVIEW	SECOND REVIEW	APPROVED	DENIED	COMMENTS
BUILDING	✓		CMB		
PLUMBING					
ELECTRIC					
FIRE					
MECH.					
OTHER					RECEIVED JUL 0 9 1999

DATE NOTIFIED _____ LEFT ON ANSWERING MACHING YES NO

BLOCK 185 LOT 40,70 QUALIFICATION CODE _____ ADDRESS (SITE) 74 Vardon Way (Howell Township) Farmingdale NJ 07727 PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: Install 50A circuit for Spa / Hot Tub
2. Name of Owner in Fee: Erickson Tel. [redacted]
   Address 74 Vardon Way (street) Farmingdale NJ (municipality) 07727 (zip code) [Howell Township]
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Bayview Electric Inc Tel. (732) 269 9583
   Address 336 Maryland Ave Bayville NJ 08721
   License No. OR, if new home, Builder Reg. No. 8631 Exp. Date _____
   Federal Employee No. [redacted] FAX: (732) 269 5820
5. Architect or Engineer Bill Waltham of Bayview Electric Tel. (732) 269 9583
   Address 336 Maryland Ave Bayville NJ 08721 Contact _____
6. Responsible Person in Charge once Work has Begun Rich Erickson
   Tel. (732) 751 0078 FAX: (_____) _____

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. State Permit Surcharge 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	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition					7/26/04	GB			
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	695				7/19/04	TD			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

DS HW-B 10503040

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 RAD ILSO Date 6/21/04

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. 5:32-2.15(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 _____

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

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									
☐ 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. _____	_____	_____	_____	_____

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL NJ 07731
732-938-4500

CERTIFICATE

IDENTIFICATION

Date Issued: 08/18/2004
Control #: 29359
Permit # 20042152

Block: 185 Lot : 40.70 Qual: _____

Work Site : 74 VARDON WAY
HOWELL

Owner in Fee: ERICKSON
Address: 74 VARDON WAY
FARMINGDALE NJ 07727

Telephone:

Agent/Contractor: BAYVIEW ELECTRIC
Address: 336 MARYLAND AVE
BAYVILLE NJ 08721

Telephone: 732 269-9583

Lic. No./ Bldrs. Reg.No.: 8631 Federal Emp. No.: [redacted]

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: U
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: INSTALL 50 A CIRCUIT BREAKER AND CIRCUIT FOR SPA/HOT TUB ON PAVER PATIO

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _or the owner will be subject to fine or order to vacate.

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17 to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

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

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

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

C. Phillips 8/19/04
Chet Phillips Construction Official

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees $0.00
Paid [X]Check No 2114
Collected by BF

Township of Howell
Preventorium Road
P.O. Box 580
Howell, NJ 07731

CONSTRUCTION PERMIT

7-22-04

Date Issued
Control # 29359
Permit # 20042152

IDENTIFICATION Block 185 Lot 40.70

Work Site Location 74 Vordon Way

(Howell Twp.) Farmingdale NJ 07727

Owner in Fee Erickson

Address 74 Vardon Way
Farmingdale NJ 07727

Tel. [redacted]

Contractor Bayview Electric, Inc

Address 336 Maylord Ave
Bayville NJ 08721

Tel. (732) 269 9583

Lic. No. or Bldrs. Reg. No. 8631

Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Install 50A circuit of Spa/Hot Tub on Paver Patio

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 $4695.00

C.P.(O)
Construction Official

Date

PAYMENTS (Office Use Only)

Building	50
Electrical	52
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.00
Cert. of Occupancy	
Other	
Total	108
Check No.	2114
Cash	
Collected by	

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

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY (see reverse side)

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

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20042152
Permit Date: 07/22/2004
Update Number:
Control Number: 29359
Application Date: 07/02/2004

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 185 Lot : 40.70 Qual :

Work site Location:	74 VARDON WAY HOWELL	Contractor:	BAYVIEW ELECTRIC
Owner In Fee:	ERICKSON	Address:	336 MARYLAND AVE
Address:	74 VARDON WAY		BAYVILLE NJ 08721
	FARMINGDALE NJ 07727	Telephone:	(732) - 269-9583
Telephone:	() -	Lic. No. / Bldrs. Reg. No.:	8631
Use Group(s):	U	Federal Emp. No.:	[redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:

INSTALL 50 A CIRCUIT BREAKER AND CIRCUIT FOR SPA/HOT TUB

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	4,695.00
Cost of Demolition:	0.00
Total Cost:	$4,695.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

Chet Phillips
Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

PAYMENTS (Office Use Only)

Building	$50.00
Electrical	$52.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$6.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	**$108.00**
All Fees Waived :	No

Amount to be Paid:	**$108.00**
Check Number:	2114
Check amount:	$108.00

Collected by:	BF
Receipt No:	
Total Cash Amount	
Total Check Amount	$108.00
Total CC Amount	
Grand Total	$108.00

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-22-04
Date Issued
Control # 29359
Permit # Q0042152

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

Block 185 Lot 40,70
Work Site Location 74 Vardon Way Farmingdale NJ 07727
Owner in Fee Erickson
Address 74 Vardon Way Farmingdale NJ 07727
Tele. [redacted]
Contractor Bayview Electric
Address 336 Maryland Ave Bayville NJ 08721
Tele. (732) 269-9583 Fax (732) 269-5830
Lic. No. or Bldrs. Reg. No. 8631
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other SPECS	7/12/04	GB

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 8/18/04
Approved by: GB

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free			8-16-04	RW

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 9000
2. Alteration $ 695.00 for electrical work
3. Total (1+2) $695.00

C. CERTIFICATION IN LIEU OF OATH

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

Signature [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 50A circuit breaker + circuit for spa / hot tub.

UL SAFETY COVER

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other Aboveground hot tub on existing patio
[ ] Demolition

FEE (Office Use Only)

$	
	50-
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 5-
TOTAL FEE	$

U.C.C. F110 (rev. 3/98)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 7-22-04
Date Issued
Control # 29359
Permit # Q0042152

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

Block 185 Lot 40,70
Work Site Location 74 Vardon Way
Farmingdale NJ 07727
Owner in Fee Erickson
Address 74 Vardon Way
Farmingdale NJ 07727
Tele. [redacted]
Contractor Bayview Electric
Address 3316 Maryland Ave Bayville NJ 08721
Tele. (732) 269-9583 Fax (732) 269-5830
Lic. No. or Bldrs. Reg. No. 8631
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 50A circuit breaker & circuit for spa / hot tub.

UL SAFETY COVER

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other SPECS	7/26/04	GB

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

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

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other Allow ground mount hot tub on existing patio
[ ] Demolition

FEE (Office Use Only)

	$
	50
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ .5
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		U
Constr. Class		
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 $ 695.00 for electrical work
3. Total (1+2) $ 695.00

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

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ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

7-22-04
Date Received
Date Issued
Control # 29359
Permit # 20042152

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

Block 185 Lot 40, 70
Work Site Location 74 VARSON WAY HOWELL N.J
Owner in Fee/Occupant MR ERICKSON
Address 74 VARSON WAY HOWELL N.J
Tele. [redacted] 751-0078
Contractor BAYVIEW ELECTRIC INC.
Address 336 MARYLAND AVENUE BAYVILLE, NJ 08721
Tele. (732) 269-9583 Fax (732) 269-5830
Lic. No. 8631
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 695.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/19/04
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7-30-04
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-30-04	

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.

William Workman
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
1		TOTAL NUMBERS	$ 40.-
		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	12.-
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1.-
TOTAL FEE	$	53.-

U.C.C. F120 (rev 3/96)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7-22-04
Date Issued
Control # 29359
Permit # 20042152

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

Block 185 Lot 40.70
Work Site Location 74 Vanson Way
Howell N.J
Owner in Fee/Occupant MR ERICKSON
Address 74 VANSON WAY
HOWELL N.J
Tele. (732) 751-0078
Contractor BAYVIEW ELECTRIC INC.
Address 336 MARYLAND AVENUE
BAYVILLE, NJ 08721
Tele. (732) 269-9583 Fax (732) 269-5830
Lic. No. 8631
Federal Emp. No. 222-854-609/000

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 695.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7/19/04
Approved by:

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
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.

William Whitbeck
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
1		TOTAL NUMBERS	$ 40.-
		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	12.-
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1.-
TOTAL FEE	$	53.-

U.C.C. F120 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ICON
HEALTH & FITNESS, INC.

SPAS

for

ENHANCED

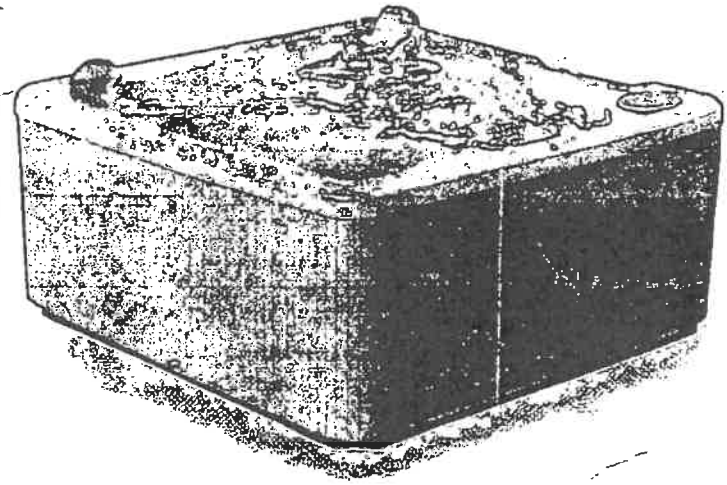
BACKYARD LIVING

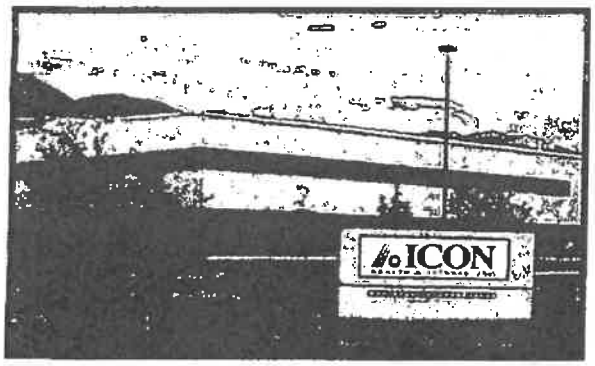
SALE ENDS SUNDAY MAY 23!

roform Spas are manufactured and marketed by
:ON Health & Fitness. ICON Health & Fitness, Inc.
the world's leading manufacturer of health and
:ness equipment. Name brand's include:

- NORDICTRACK
- Healthrider
- Weider
- ProForm
- JumpKing
- IMAGE
- Weslo

oform spas are produced in our state-of-the-art
cility in Mesquite, Texas, and are backed by our
ationwide Service organization. Our mission is
offer you the best value, the best design, and
e best quality backed up by the best customer
ire and in-home service. Your satisfaction is
portant and we appreciate your business.





Graham Mitchell
(323)899-9143

Quality

Efficiency

Total Relaxation

SPAS

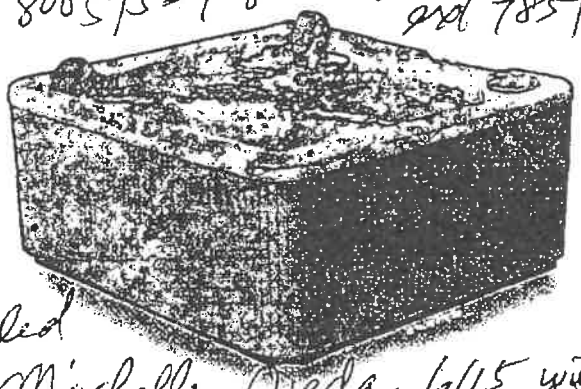
For more information or to place an order:

Pro Series

PRO·FORM®

COSTCO WHOLESALE

800 595 2908 Fran ext 7854



called Michelle Ojeda 6/15 will ship

Features for All Spas:

- Maintenance-Free Cabinet
- Custom PowerFlow 2000 System for Performance
- Arctic-Lock Insulation System
- Digital Topside Display
- Solid State Controls
- 5-Year Shell, 2-Year Electronics Warranty
- Spa Light
- Removable Panels
- Ozone Generator Ready
- UL Listed
- Designed-to-Fit, Tapered Custom Cover Included

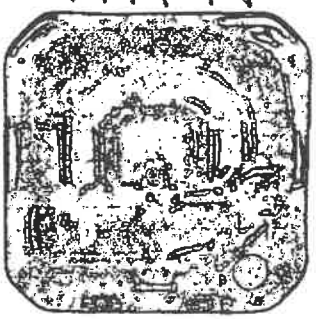
Plus . . .

PRO·FORM Pro Package

- ☐ Free 4-Month Chemical Kit ($129 Value)
- ☐ Free CD Ozonator ($229 Value)
- ☐ Free Protective Flooring for Added Insulation ($ 99 Value)
- ☐ Free Curbside/Garage Delivery ($200 Value)

An Additional $650 Value For All ProForm Spas.

$4999.99

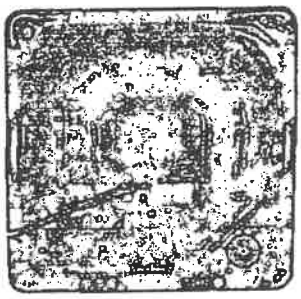


PRO·FORM® Magna

Item #: 647425

- ☐ Capacity: 7 person
- ☐ Size: 84" x 84" x 36" Tall
- ☒ Hydrotherapy Jets: 39
- ☐ Dual Pump/Motor: 4.0 HP/4.0 HP
- ☐ Electrical: 240 V Service
- ☐ Multi-Color Digital Light
- ☐ 10 Injector Air Blower System
- ☐ Hydrotherapy Seats: 5, 1 Lounge
- ☐ Specialty Jets:
  - High-Power Volcano
  - Butterfly Whirlpool
  - Power Massage
  - 2 Waterfalls
- ☐ Color: Blue

$3999.99



PRO·FORM® Storm

Item #: 647419

- ☐ Capacity: 7 person
- ☒ Size: 84" x 84" x 36" Tall
- ☐ Hydrotherapy Jets: 31
- ☐ Dual Pump/Motor: 4.0 HP/2.0 HP
- ☒ Electrical: 240 V Service
- ☐ Multi-Color Digital Light
- ☐ 10 Injector Air Blower System
- ☒ Hydrotherapy Seats: 6
- ☐ Specialty Jets:
  - High-Power Volcano
  - Power Massage
  - 2 Waterfalls
- ☐ Color: Blue

Accessories: (Sold Seperately)

Cover-Lift

Item #: 647431

For convenient, easy removal and storage of your spa cover. Bottom mount style for free-standing settings. Top mount

Steps

Item #: 787402

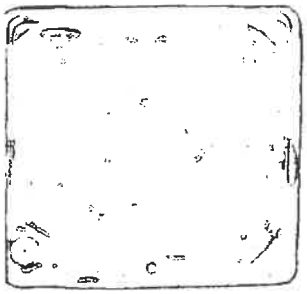
For easy access in and out your spa, choose from tradi tional steps or steps with a storage compartment for

866-4 A PROFORM
www.4aproform.com

Classic Series

Why Spas?

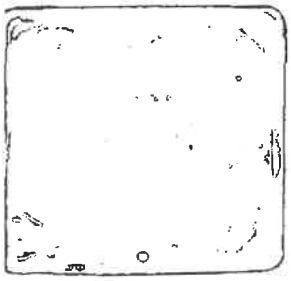
PRO-FORM® Saturn



Item #: 647430

- Capacity: 6 person
- Size: 76" x 81" x 36" Tall
- Hydrotherapy Jets: 28
- Pump/Motor: 4.0 HP - 2 Speed
- Electrical: 240 V Service
- Hydrotherapy Seats: 5, 1 Lounge
- Specialty Jets:
  - High Power Volcano
  - Power Massage,
  - 1 Waterfall
- Color: Blue

PRO-FORM® Eclipse



Item #: 647417

- Capacity: 6 person
- Size: 76" x 81" x 36" Tall
- Hydrotherapy Jets: 16
- Pump/Motor: 2HP - 2 Speed
- Hydrotherapy Seats: 5, 1 Lounge
- Electrical: 240 V Service
- Specialty Jets: Waterfall
- Color: Blue

We reserve the right to improve our product at any time.
(Jet Configurations are subject to change.)

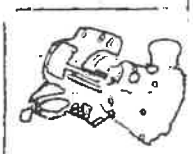
FREE

Digital Light

Item #: 787401

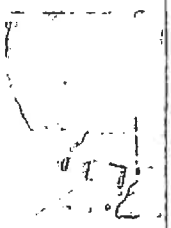
To help create the perfect mood, choose either a 12 or 24 LED multi-colored digital light.

POWERFLOW 2000 System



Our exclusive PowerFlow 2000 System combines incredible Water Flow with enhanced Energy Efficiency in a Whisper-Quiet package. The PowerFlow 2000 has been specifically engineered to harness the pump's power and utilize the spa's 2" plumbing to provide maximum hydrotherapy benefits. Every PowerFlow 2000 comes with our standard 2-year warranty to ensure a worry-free spa experience.

Arctic-Lock Insulation

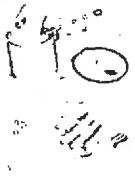


Engineered from a user-friendly performance standpoint. We have designed ProForm Spas to hold heat in a locked cavity. This is the most efficient system to use. A combination of high and low density foam around the shell and plumbing maintains the integrity of the design while locking heat in between the cabinet siding, floor and shell of the spa. The system has a very strong R-Value that maintains the water temperature of your spa even in the coldest settings, reducing energy consumption and increasing performance.

Maintenance-Free Cabinet

ProForm offers the ultimate Alternative Wood Exterior Cabinetry. Combining a natural wood look including the warmth of embossed grain along with the beauty of natural redwood, yet our cabinets have the durability of rigid polymers. No staining, no refinishing required. Maintenance is virtually non-existent. Our Maintenance-Free Cabinet is warranted against rotting or decomposition. Beautiful and lasts forever.

Easy-Care Filtration System (ECFS)



ECFS is a major breakthrough in Skim Filter design with unique safety features approved by UL. More than just a Skim Filter, ECFS offers a through-the-wall skimmer with control for the ultimate 'n QUIET filtration. Most importantly we have engineered the system with the outstanding safety features to help prevent suction line entrapment. Safe, Quiet and Effective...ECFS works for you.

COSTCO SPECIAL EVENT ☆ Platinum Package

Included with all spas during this event. This package includes:

- Backyard Delivery
- Double Protection
- 10 Years Shell
- 4 Years Pump/Electronics
- 180 Days Misc.

A $499.00 VALUE!

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 185 LOT(S) 40.70 STREET Vardon Way

APPLICANT: NAME ERICKSON

ADDRESS 74 Vardon Way Farmingdale NJ 07727 [Howell Twnshp]

PHONE [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool ____ Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

X Other: Specify Spa/hot Tub (above ground on patio)

LOCATION OF STRUCTURE: Setback from right of way ≈60 feet (and ____ feet if a corner lot)

Side yard clearances 11.5 feet and ~~dogears of~~ 71 feet

Rear yard clearances 46 feet

DESCRIPTION OF STRUCTURE: Height 3 feet to highest point

Length 7 feet Width 7 feet

Type of fence: n/a (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ____ $10.00 residential ✓
FEE: ____ $20.00 non-residential

RAO RSO 6/21/04

SIGNATURE OF APPLICANT DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

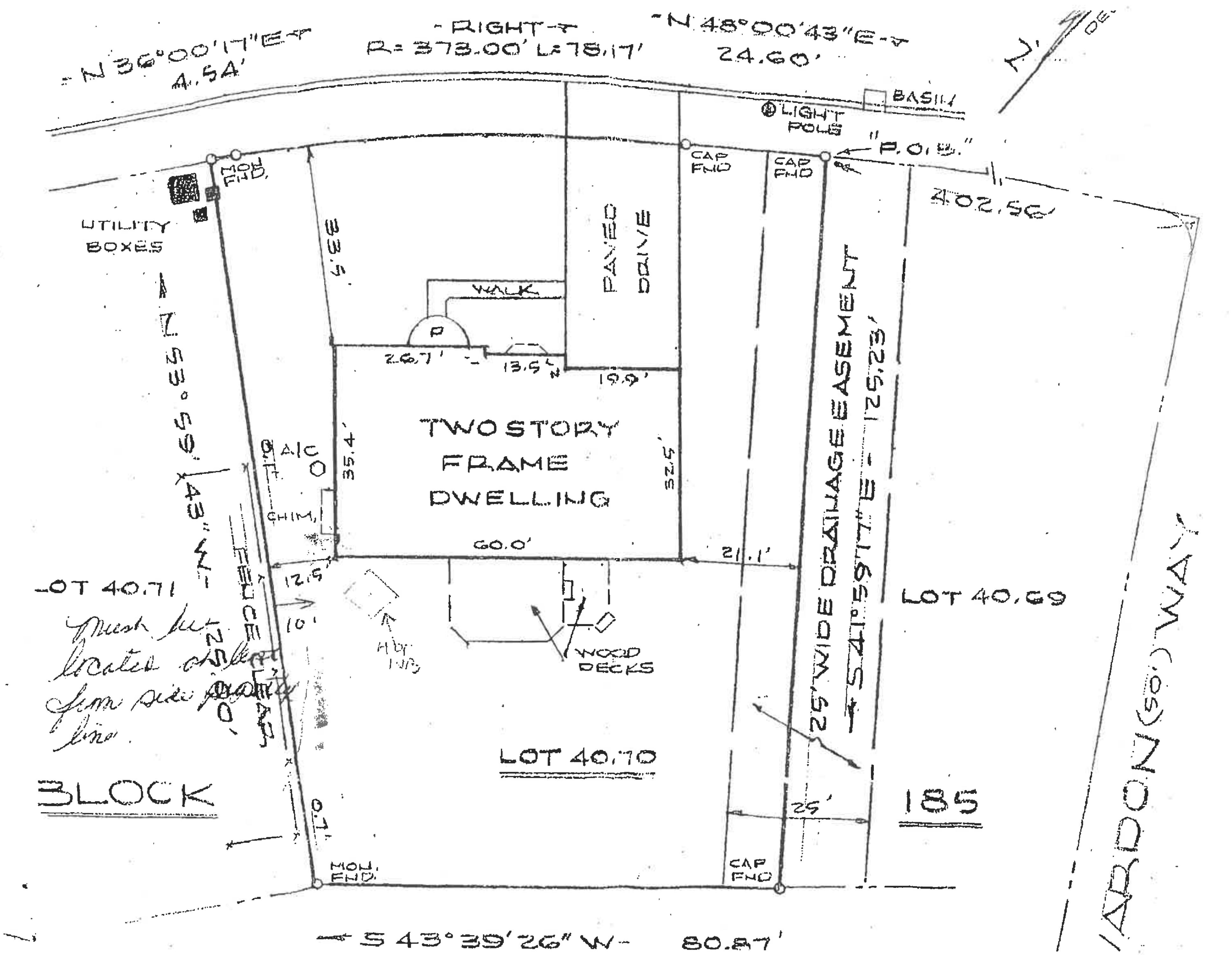
6/29/04 Date

Patricia Lou Fenton
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: Install a hot tub to be located on Patio as per plan submitted. Hot tub must be located at least 10' from side and rear property lines.

REFERRALS:
- ✓ To Building Dept.
- ____ To Planning Bd.
- ____ To Fire Prevention
- ____ To Zoning Bd.
- ____ To Bd. of Health
- ____ To M.U.A.
- ✓ To Engineering
- ____ To ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE


N 36°00'17" E
4.54'
RIGHT
R= 378.00' L=78.17'
N 48°00'43" E
24.60'
BASIN
LIGHT POLE
"P.O.B."
402.56'
MON. FND.
UTILITY BOXES
CAP FND
CAP FND
33.5'
WALK
PAVED DRIVE
P
26.7'
13.5'
19.9'
TWO STORY
FRAME
DWELLING
35.4'
32.5'
A/C
CHIM.
60.0'
12.5'
10'
21.1'
N 53°59'43" W
FENCE
LOT 40.71
WOOD DECKS
25' WIDE DRAINAGE EASEMENT
S 41°59'17" E - 125.23'
LOT 40.69
LOT 40.70
BLOCK
185
25'
0.7'
MON. FND.
CAP FND
S 43°39'26" W - 80.87'
ARDON (50') WAY

HOWELL TOWNSHIP
PLAN REVIEW CHECK LIST

NAME Crickson BLOCK 18V LOT 40.70

ADDRESS 74 Vardon ZONING RELEASE

DATE SUBMITTED 7-2-04 Patio / Elec

TYPE OF WORK

	REVIEWED BY	APPROVED	COMMENTS
FIRE			
BUILDING ✓	7/17/04	OK	
ELECTRICAL ✓	7/19/04 MO	Ok	
PLUMBING			
MECHANICAL			
OTHER			
SEPTIC			JUL 2 2004

29359

TBI 152.
DOVER.

PROTOTYPE

BLOCK 185 LOT 40.70 ADDRESS (SITE) 74 VARDON WAY PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 74 VARDON WAY
2. Name of Owner in Fee: EDWARDS & SHORE ONE LP Tel. ( ) [redacted]
   Address 162 TURTLE FALLS RD, FARMINGDALE (street, municipality, zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: SAME Tel. ( ) SAME
   Address _____
   License No. OR, if new home, Builder Reg. No. 022554 Exp. Date _____
   Federal Emp. No. [redacted] Social Security No. _____
5. Architect or Engineer TOM ARCHITECTURE Tel. ( ) SAME
   Address MOORESTOWN, PA
6. Responsible Person In Charge of Work MIKE MCGLONE Tel. ( ) SAME

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☑ New Building	120,000
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	120,000

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

U.C.C. Form F-100A

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
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	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure _____ ft.	
3. Area—Largest Floor _____ sq. ft.	
4. Building Area—All Floors 2701 sq. ft.	
5. Volume of Structure 49,055 cu. ft.	
6. Construction Classification 5B	
7. Total Land Area Disturbed 10,000 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:

DS HW-B 10503041

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 MIKE MCGLONE

Address 162 TINTON FALLS RD

FARMINGDALE

Telephone ( ) 938-5588

Signature _____ Date 5-14-96

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	
☐ 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. _____	_____	

UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 11-22-96
Control #
Permit # 96-0804

IDENTIFICATION

Block 185 Lot 40.70
Work Site Location 74 Vardon Way
Howell, NJ 07731
Owner in Fee Estates at Shore Oaks
Address 162 Tinton Falls Rd
Howell, NJ 07731
Tele. (___) 938-5588
Contractor
Address Same

Tele. (___)
Lic. No. or Bldrs. Reg. No. 022554
Federal Emp. No. 23 2709098
or Social Security No.

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

Compleiton and approval of construction of single family dwelling Dover Model

(49,055 c.f.)
(2701 s.f.)

☒ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **CERTIFICATE OF COMPLIANCE**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19___ or the owner will be subject to fine or order to vacate:

Est Cost 120,000.00

Fee $
Paid [ ] Check No.
Collected by:

Maurice J. Golom
CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

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

TBI 152
17 VLTZ

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 5/15/96
Control #
Permit # 96-0804

IDENTIFICATION Block 155 Lot 70

Work Site Location 711 VINCENT AVE/ FANWOOD

Owner in Fee ESTATE OF SHIRLEY MAES LP

Address 112 TURN HILL RD FANWOOD

Tele. (___) [redacted]

Contractor SAME

Address

Tele. (___)

Lic. No. or Bldrs. Reg. No. 22554 Exp. Date

Federal Emp. No. [redacted]

or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[✓] ELECTRICAL [✓] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

CONSTRUCT SINGLE FAMILY DWELLING

(4/1 c.55 CF
2701 SF)

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 $ 120,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	353.00
Electrical	80.00
Plumbing	292.00
Fire Protection	40.00
Elevator Devices	
Other	
DCA Training Fee	78.00
Cert. of Occ.	70.00
Other SURCHG	10.00
Total	1 X14.00
Check No.	208642
Cash	
Collected By:	5/15/96

(see reverse side)

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

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

TBI 152
DOVER

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-15-96
Control #
Permit # 96-0804

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

Block 185 Lot 40.70
Work Site Location 7H VIBURNUM WAY FARMINGDALE
Owner in Fee ESTATES OF SHORE OAKS LP
Address 162 TUTOR CALLS RD FARMINGDALE
Tele. ( ) [redacted]
Contractor SAME
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 022554
Federal Emp. No. [redacted] 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

CONSTRUCT SINGLE FAMILY DWELLING.

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: 6-25-96		
Approved By:		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab			8/30/96	
Frame			9-5-96	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	N/R 11/18/96 *	11/22/96	11/25/96	

* ATTIC FAN BEING INSTALLED.??

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

[ ] Demolition

(Office Use Only) FEE

$

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	—	R3
Constr. Class	—	5B

No. of Stories 2
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors 2701 Sq. Ft.
Volume of New Structure 49055 Cu. Ft.
Total Land Area Disturbed 40,000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 120,000
2. Alteration $
3. Total (1 + 2) $ 120,000

Paid [ ] Check # _____
Collected by: _____

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

U.C.C. Form F-110B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy

TBI 152
LETTER

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5-15-96
Control #
Permit # 96-0804

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

Block 185 Lot 10, 70
Work Site Location 74 VINEYARD WAY
EARLYINGTON
Owner in Fee ESTATES @ SHORE OAKS LP
Address 162 TUDOR OAKS RD
EARLYINGTON
Tele. ( ) [redacted]
Contractor SAME
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No 022554
Federal Emp. No [redacted] 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

CONSTRUCT SINGLE FAMILY DWELLING

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 Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing N/R	5/31/96		6-5-96	JC
Foundation			6-14-96	JC
Slab				
Frame				
Insulation			9-6-96	JC
Finishes:				
Energy				
Mechanical				
TCO				
Other Sheetrock			9/12/96	JC
Final				

TOU WE 6/21/96

B. BUILDING CHARACTERISTICS

Use Group Present — Proposed R3
Constr. Class Present — Proposed 5B
No. of Stories 2
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors 2701 Sq. Ft.
Volume of New Structure 49,085 Cu. Ft.
Total Land Area Disturbed 10,000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 120,000
2. Alteration $
3. Total (1+2) $ 120,000

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

(Office Use Only)
FEE
$

Paid [ ] Check # ____
Collected by: ____

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

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

TB1. 152
FOVER

(153. 2 of 7)
96

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5-15-96
Date Issued
Control #
Permit # 96-0804

WRF 73942

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

Block 185 Lot 40.70
Work Site Location 71 WARREN WAY
FARMINGDALE
Owner in Fee ESTATE OF SHORE MILES
Address 112 TUTTLE FALLS RD
FARMINGDALE
Tele. ( ) [redacted]
Contractor STEER ELECTRIC, INC
Address PO BOX 1026
ISLAND HEIGHTS, NJ 08732
Tele. (908) 370-7123
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [✓] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as RESIDENCE Utility Co. JCP&L
Est. Cost of Elec. Work $ 2800

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[✓] CO [ ] COO [ ] CA
Date: 11/15/96
Approved by: C. Phillips

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	8/22	8/30	9/4 AW	CP
Temporary				
Constr. Serv.				
TCO				
Other				
Service			5/22	CP
Final			11/15	CP

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 5/22/96
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.

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
30		Fixtures (1)	
55		Receptacles (2)	
30		Switches (3)	
118		Total 1 + 2 + 3	
1	GAS	Range	
		Oven(s)	
1	ELEC	Surface Unit	
1	ELEC	Dishwasher	
1		Garbage Disposal	
1	GAS	Dryer	
1	3 TON	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
6		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
1	GAS	Water Heater(s)	
1	GAS	Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
2	½ HP	Motors—Fractional H.P.	
		Motors—All Others	
	1	Transformers	
	1	Generators	
1	200A	Service Entrance	
		Other	

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

U.C.C. Form F-120A

1 White - Applicant Copy
3 Pink - File Copy

2 Canary - Office Copy

TBI 152
DOVER

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-15-96
Control #
Permit # 96-0804

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

Block 185 Lot 40, 70
Work Site Location 74 VARIAN WAY
FARMINGDALE
Owner in Fee ESTATES @ SHORE OAKS LP
Address 102 TUTOR FALLS RD
FARMINGDALE
Tele. (516) [redacted]
Contractor SAME
Address
Tele. ( )
Lic. No. 022554
Federal Emp: No. [redacted] or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed R3
Constr. Class. Present _____ Proposed 5B
Heating Systems [✓] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[✓] Other FIREPLACE
Location: BSMNT
Total Est. Cost of Fire Prot. Work $ 000 [ ] 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:
[X] CO [ ] CCO [ ] CA
Date: 11/14/96
Approved by: R. Hammer

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other FINAL			8/30/96 OK	
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source PUBLIC
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision ALARMS W/IN HOME

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	8	
Heat Detectors		
TOTAL	8	
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	4	
OTHER		

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

TB1 152
DOVER

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-15-96
Control #
Permit # 96-0804

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

Block 185 Lot 40.70
Work Site Location 74 MARION WAY
FARMINGDALE
Owner in Fee ESTATES @ SHORE OAKS LP
Address 102 TINTON FALLS RD
FARMINGDALE
Tele. ( ) [redacted]
Contractor AC CALIOTO
Address 91 OAKTREE LN
TOMS RIVER
Tele. ( ) 255-1551
Lic. No. 6727
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 5000

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [ ] COA
Approved by: [signature]
Date: 11/22/96

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			8/15/96	[initials]
Rough				
Water			6/24/96	DH
Sewer				
Fixtures				
Gas Equipment			8/15/96	DH
Gas ~~Final~~				
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] Anthony Caliotto Jr.
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

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

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy

228

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 11-7-96 INSPECTION REQUESTED BY: Henderson

CASE NUMBER: 2529 DEVELOPMENT: Fall Brook

BLOCK: 185 LOT: 40.10 SECTION: 1 Woodshire Way

	BONDED	ACCEPTABLE	UNACCEPTABLE	
1. STREET RIGHT-OF-WAY:				
(a) Graded - Shoulder and/or Walk Area		✓		a
(b) Curb		✓		b
(c) Sidewalk				c
(d) Driveway Apron	N.A			d
(e) Drainage Facilities		✓		e
(f) Pavement (Base or Wearing Surface)		✓		f
(g) Construction Debris Removed		✓		g
2. LIGHTING INSTALLED OPERATIONAL:		✓		
3. TRAFFIC CONTROL DEVICES:				
(a) Sign (s) Traffic Control		✓		a
(b) Sign (s) Street		✓		b
(c) Sign (s) Handicap				c
(d) Marking (s) Pavement - ~~Stop Lines~~	N.A.			d
(e) Fire Lane				e
4. SCREENING, FENCE (S) & LANDSCAPING:				
(a) Topsoil		✓		a
(b) Fertilizing & Seeding (Stabilized)		✓		b
(c) Shade Tree				c
(d) Shrubs	N.A.			d
(e) Trash Screening				e
(f) Screening (Fence or Plantings)				f
5. SOIL EROSION & SEDIMENT CONTROL:				
(a) Compliance - Certified Plan		✓		a
(b) Site Conditions - Field Observation		✓		b
6. DRIVEWAY:				
(a) Surface Pavement		✓		a
(b) Base Pavement		✓		b
(c) Aggregate		✓		c
(d) Side Entry (min. 30' from garage including turnaround)	N.A.			d
7. SITE GRADING:				
(a) As-built Grading Plan demonstrating positive drainage, and variation from approved plan.		✓		a
		✓		
(b) Retaining Walls	N.A.			b
8. GENERAL CLEANUP:				
(a) Lot		✓		a
(b) Adjoining buffer, open space, conservation area and, lots		✓		b

RECOMMENDATION (S) AND/OR REQUIRED DOCUMENTATION:

✓ Meets Engineering requirements - recommend consideration for issuance of Certificate of Occupancy.

____ Meets winter conditions see below for bonding requirements.

____ Does not meet Engineering requirements recommend Certificate of Occupancy not be considered until site conforms.

COMMENTS:

M.C Pinto 11.11.96

INSPECTOR DATE ENGINEER/STAFF

White-Engineering, Yellow-Construction Official / Pink-Applicant

2/96

CUT-IN-CARD

MUNICIPALITY Howell Twp.

LOCATION 74 Vardon Way UTILITY CO JCP&L

Shore Oaks BLK 185 LOT 40.70

OWNER Toll Brothers OCCUPANT N/A

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

[X] FINAL [ ] TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200 Amp 1Φ3W 240/120 UG

INSTALLED BY Steer Elec. LICENSE NO 5000A

DATE 8/22/96 PERMIT # 96-0804 INSPECTOR C Mulligan

[X] CALLED IN 8/22/96 Lic. No: 6515

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

T81 152
DOVER

TO: HOWELL TOWNSHIP CONSTRUCTION INSPECTION DEPARTMENT
Attn: Plumbing Sub-Code Official

REF: DCA BULLETIN 87-1
N.J.A.C. 5:23-3.15(b)
NSPC 4.2.4

DATE 5-14-96

THIS IS TO CERTIFY THAT I, (Name) AC GALIOTO,
(Business Address) 91 OAKTREE LN, TOMS RIVER,
(Tel. No.) 255-1551.

WILL INSTALL ALL SOLDERED JOINTS AND FITTINGS FOR THE POTABLE WATER SYSTEM
IN THE FOLLOWING BUILIDING, (Owner) ESTATES @ SHORE OAKS
(Address) 14 VARROW WAY,
(Block & Lot) 185 / 40.70.
USING SOLDER AND FLUX HAVING A LEAD CONTENT OF NOT MORE THAN 0.2 PER CENT
IN ACCORDANCE WITH THE ABOVE-REFERENCES.

Anthony Galioto
(Signature & Seal)
(Notarized if Homeowner)

1988

6740 DATE: _____

The undersigned hereby applies for a Developers Permit for the following, to be issued on the basis of the representations contained herein, all of which applicant swears to be true:

1. Location of Property SHORE OAKS GOLF

   Blk 185 Lot 40.70 SECTION IV

2. Name of Land Owners TOLL BROS. INC

3. Occupant _____

4. Proposed Use:

X New Construction	____ Residance-Number of Families ____
____ Remodeling	____ Business
____ Accessory Building	____ Manufacturing
_____	____ Sign Board - Size _____

5. Survey of lot, showing public roads, existing buildings and proposed construction or use for which this application is made. Fill in all dimensions below:

   (a) Name of road or street VARDON WAY ~~Feet.~~

   (b) Main road frontage 107 Feet.

   (c) Set back from side of road right of way 31 Feet.

   (d) Side yard clearance 21'LT. & 12'RT. Feet.

   (e) Rear yard clearance 59 Feet.

   (f) Depth of lot from right of way 125 Feet.

   (g) Dimensions of building: Width 60 Feet Depth 35 Feet.

   (h) Highest point of building above established grade 29 Feet.

   (i) Area of lot - square feet or acres 11,924 Sq. Feet.

   (j) Sketch showing existing buildings and proposed construction (indicating which direction is North).

6. Buildings: Use RESIDENTIAL

   Number of stories 2 Basement _____ Apartments _____

   Useable floor space designed for use as living quarters, exclusive of basements, porches, garage, breezeways, terraces, attics or partial stories:

   First floor 1375 square feet Second floor 1233 square feet.

   Off-street parking space 630 square feet.

7. REMARKS _____

WITNESS: _____

_____ APPLICANTS SIGNATURE

Date filed with Administrative Officer 5-14-96 Fee paid $10.00

TBI 152

Complies with the provisions of the Howell Township Land Use Ordinance:

(a) Review of other agencies:

(b) Revisions made:

(c) Bonds Posted

(d) Taxes and assessments paid

(e) DOT, approval, if any

(f) Soil Conservation, if any

(g) Monmouth County Planning Board

(h) Howell Township Water & Sewer Dept.

PERMIT APPROVAL GRANTED:

PERMIT APPROVAL DENIED:

Upon the basis of the above application, the statements which are made part thereof, the proposed usuage is _____ found to be in accordance with the Township Land Use Ordinance and is hereby _____ approved for the following Zone: _____.

_____
Administrative Officer

DATE APPLICATION WAS RECEIVED _____ Date Ruled on_____.

If application is refused, reason for refusal: _____

_____

_____

PLAN REVIEW RECORD
HOWELL TOWNSHIP FIRE BUREAU

DATE: 8/29/96 TYPE: RESIDENTIAL DIST#: 1

BLOCK: 185 LOT: 40.70 PERMIT#:

ADDRESS:

NAME: SHORE OAKS

COMMENTS W/FP

REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE: 8/30/96 REMARKS FRAME-APPROVED

REINSPECTION DATE: REMARKS

REINSPECTION DATE: COMMENTS

****DATE FRAME PASSED: 8/30/96 INSPECTORS CODE: 4

FINAL INSPECTION REPORT

SCHEDULE DATE: 11/18/96 COMMENTS FINAL-OK APPROVED

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPORVED: 11/18/96 INSPECTORS CODE: 5

OTHER INSPECTION REPORT

TOPIC:

SCHEDULE DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

****DATE OTHER WAS COMPLETED: INSPECTORS CODE:

HISTORY

RESIDENTIAL WARRANTY CORPORATION

5300 Derry Street Harrisburg, PA 17111-3598 1-800-247-1812 FAX 717-561-4494

TO: Municipal Construction Official

FROM: Residential Warranty Corporation

SUBJECT: **Confirmation of Home Enrollment and Warranty Coverage**

This will serve as notification that the home listed below has been accepted and approved for final enrollment in the ten year Residential Warranty Corporation program. This also affirms that the Limited Warranty Agreement has been transmitted this date to the builder named below for delivery to the purchaser at settlement.

Builder Name: TOLL BROS INC

Purchaser(s) Name:

Legal Address of Home Enrolled:

40.70 (Lot) 185 (Block) EST @ SHORE OAKS 152 (Development)

74 VARDON WAY (Street Address)

FARMINGDALE (City) NJ (State) 07727 (Zip)

MONMOUTH (County)

RWC Application for Warranty No: 1188618

Date: 05/23/96

RWC SEAL:
(Void unless sealed)

RWC Representative Sandra Sweigert

Sandra Sweigert

New Jersey Natural Resources Conservation Program

FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)
211 FREEHOLD ROAD
MANALAPAN, NEW JERSEY 07726
Tel: (908) 446-2300
Fax: (908) 446-9140

REPORT OF PARTIAL COMPLIANCE*

11/15/1996

TO : CONSTRUCTION OFFICIAL

TWP. : HOWELL

PROJ.: ESTATES AT SHORE OAKS SECTION 2, 3, 4

APPLICATION NO.: 93-0043

Block No.	Lot No.	Comments
185	40.70	74v Vardon Way

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

*Pending continued compliance and establishment of a permanent vegetative cover.

Authorized Signature _____

Distribution: WHITE-Municipal Construction Official
CANARY-Developer PINK-District GOLDENROD-Other
93-0043.04956

NEW DEVELOPMENT/COMMERCIAL/NEW CONSTRUCTION

Building Dept. Check List/Certificate of Occupancy

Prior to issuance of Certificate of Occupancy

Final Building Inspection _____

Final Plumbing Inspection 11-22-96

Final Electrical Inspection 11-15-96

Final Fire Inspection 11-18-96

Soil Conservation Approval 11-15-96

MUA/MCBOE/WELL/SEPTIC —

EOW Certificate Date 5-23-96

Final Survey 10-29-96

Engineering Release 11-7-96

COMMERCIAL

Site Plan Fire Lanes/Zones _____

Site Plan Compliance _____

Food Handlers License (if applicable) _____

BLOCK 185 LOT 40.70

NAME _____

DATE ISSUED _____

Shore Oaks

HOWELL, TOWNSHIP OF

(LAND USE DEPT.)

Block 185.01
Lot 8

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 185.01 LOT(S) 8 STREET 74 Vardon way

APPLICANT: NAME D' Alessandro

ADDRESS 74 Vardon way farmingdale

PHONE [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool X Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way 30' feet (and ____ feet if a corner lot)
Side yard clearances 35' feet and ____ feet
Rear yard clearances 46' feet

DESCRIPTION OF STRUCTURE: Height 16" feet to highest point
Length 27 feet Width 14 feet

Type of fence: ____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE: #4758
FEE: X $10.00 residential
FEE: ____ $20.00 non-residential

SIGNATURE OF APPLICANT 7.9.99 DATE

Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

7/9/99 Date

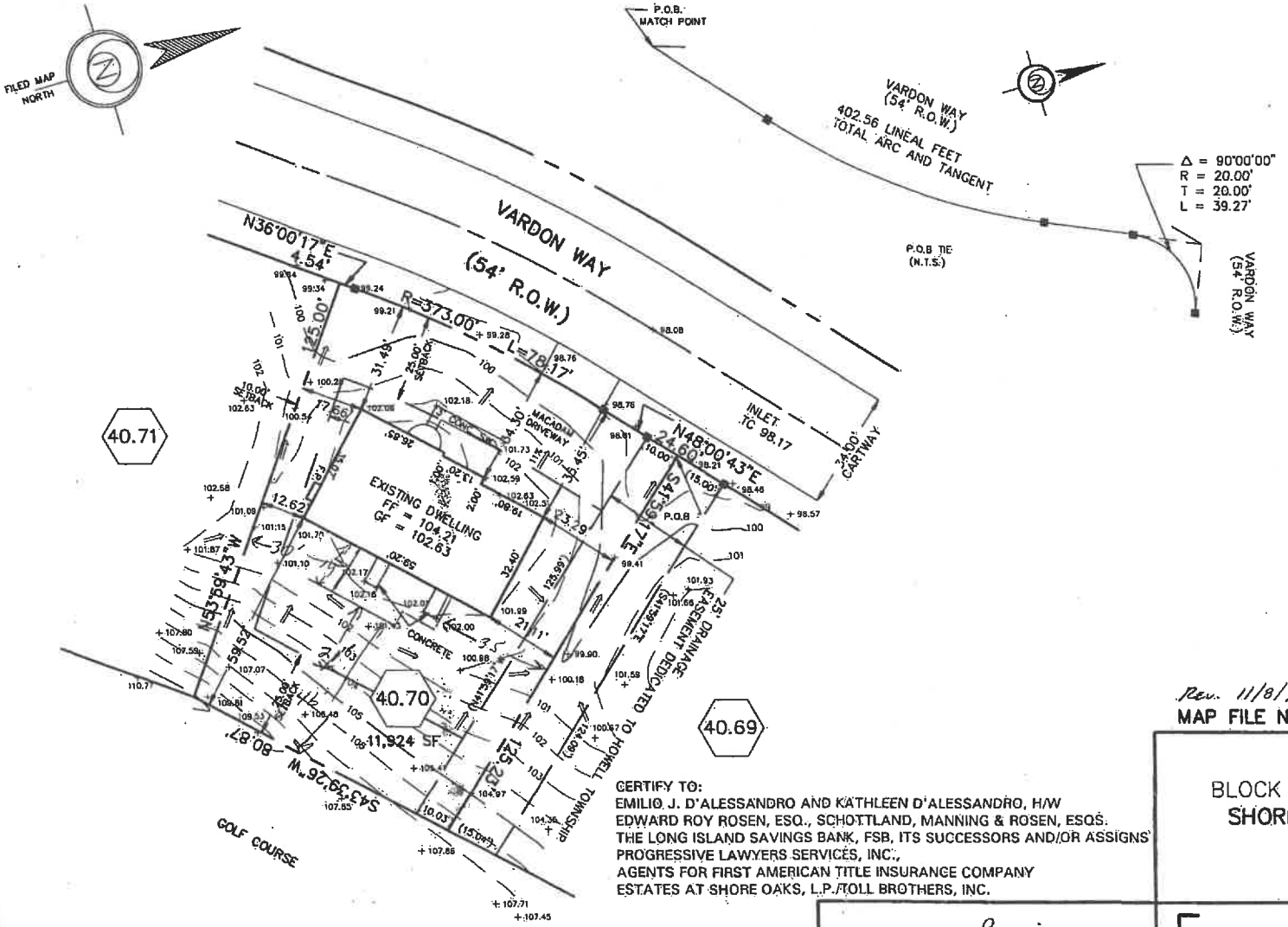
Vito Mamosino
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS:

Receipt # 3296

REFERRALS: X To Building Dept. ____ To Zoning Bd. ____ To Engineering
____ To Planning Bd. ____ To Bd. of Health ____ To ____
____ To Fire Prevention ____ To M.U.A. ____ ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE



I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN.

THIS CERTIFICATION IS MADE ONLY TO BELOW NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE FOR HEREIN DELINEATED PROPERTY BY BELOW NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

TO ALL PERSONS AND PARTIES OF INTEREST: THIS PLAN WAS PREPARED FOR A FEE FOR THE PERSONS AND PURPOSES INDICATED HEREON. ANY OTHER USE OF THIS PLAN OR A COPY OR ALTERATION OF IT NOT IMPRESSED WITH THE SEAL OF THE LICENSED ENGINEER OR SURVEYOR WHO PREPARED THIS PLAN IS NOT THE RESPONSIBILITY OF THE UNDERSIGNED.

CERTIFY TO:
EMILIO J. D'ALESSANDRO AND KATHLEEN D'ALESSANDRO, H/W
EDWARD ROY ROSEN, ESQ., SCHOTTLAND, MANNING & ROSEN, ESQS.
THE LONG ISLAND SAVINGS BANK, FSB, ITS SUCCESSORS AND/OR ASSIGNS
PROGRESSIVE LAWYERS SERVICES, INC.,
AGENTS FOR FIRST AMERICAN TITLE INSURANCE COMPANY
ESTATES AT SHORE OAKS, L.P./TOLL BROTHERS, INC.

Rev. 11/8/96 - Add Cert. - agr

MAP FILE NO. 228-7 DATE FILED 10-20-88

MAP OF
"FINAL PLAT"
BLOCK 185 LOT 40.70
SHORE OAKS GOLF, SECTION IV
HOWELL TOWNSHIP
MONMOUTH COUNTY, NEW JERSEY

Byron W. Rimmer
DATE 10/29/96
BYRON W. RIMMER
PROFESSIONAL LAND SURVEYOR
N.J. LICENSE # 20369

E S E
EASTERN STATES ENGINEERING, INC.
449 S. PENNSYLVANIA AVE.
MORRISVILLE, PA. 19067
215-736-0222

DESIGNED:	DRAWN: JC	CHECKED: A.G.R.
SCALE: 1"=30'	DATE: 10-29-96	DWG. NO.: TBI #152

TOWNSHIP OF HOWELL

LAND USE CERTIFICATE

SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 185.01 LOT(S) 8 STREET VARDON WAY

APPLICANT: NAME SAM DONIO

ADDRESS 79 VARDON WAY, FARMINGDALE, NJ

PHONE [redacted] 751-0542

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool X Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way 71' feet (and ____ feet if a corner lot)
Side yard clearances 25' feet and 28.30' feet
Rear yard clearances 20'± feet

DESCRIPTION OF STRUCTURE: Height 14' feet to highest point
Length 40' feet Width 15' feet

Type of fence: ____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE: 79 VARDON WAY
FEE: ✓ $10.00 residential
FEE: ____ $20.00 non-residential

9/15/97 SIGNATURE OF APPLICANT (AGENT) DATE 7/15/97

Based on the above application and the statements which are made part thereof, the proposed usuage is/is not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

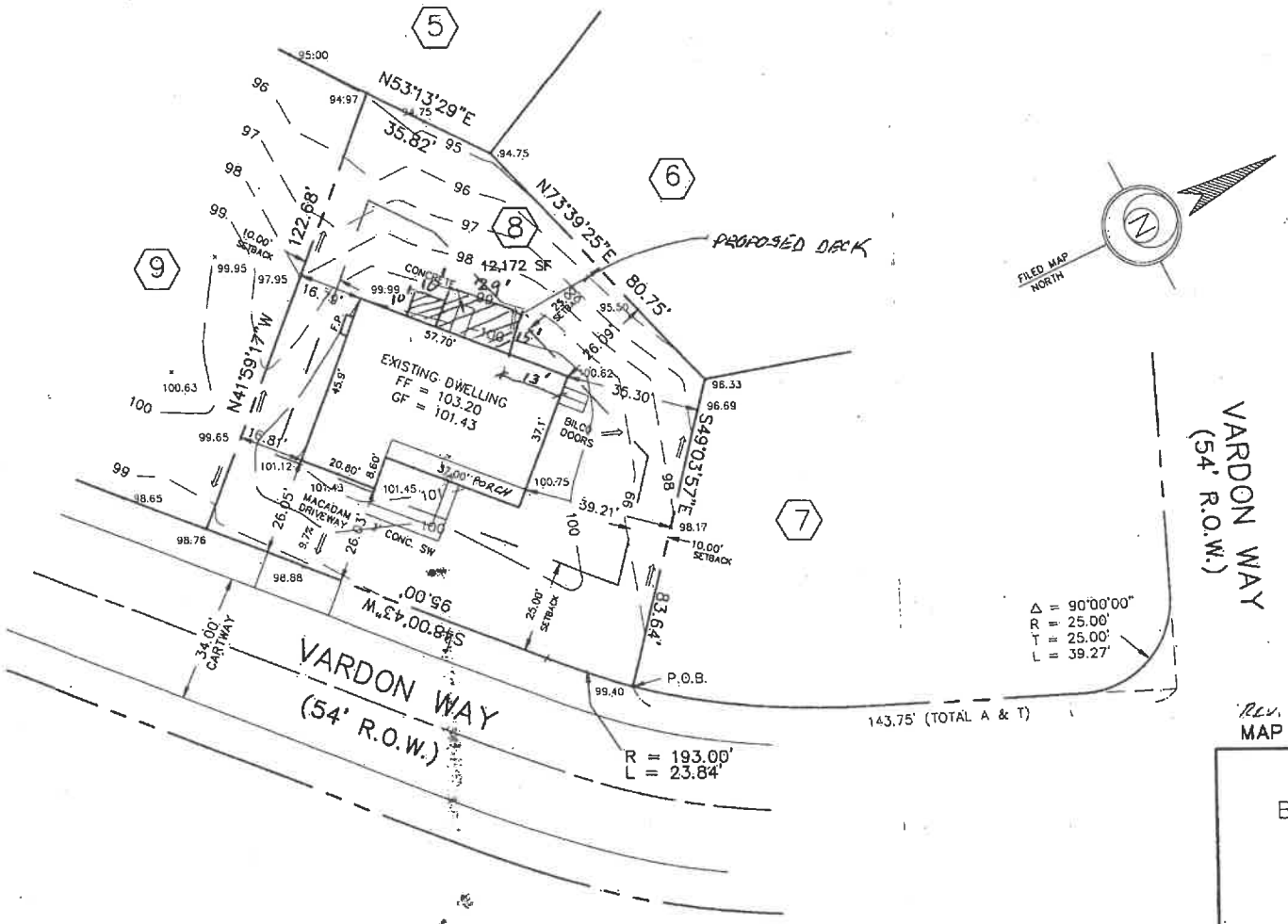
9/15/97
Date

Vito Mannarelli
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: ____

REFERRALS:
____ To Building Dept.
____ To Planning Bd.
____ To Fire Prevention
____ To Zoning Bd.
____ To Bd. of Health
____ To M.U.A.
____ To Engineering
____ To ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE



I HEREBY CERTIFY THAT THIS SURVEY WAS ACTUALLY MADE ON THE GROUND AS PER RECORD DESCRIPTION AND IS CORRECT AND THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS PROPERTY LINES EXCEPT AS SHOWN.

THIS CERTIFICATION IS MADE ONLY TO BELOW NAMED PARTIES FOR PURCHASE AND/OR MORTGAGE FOR HEREIN DELINEATED PROPERTY BY BELOW NAMED PURCHASER. NO RESPONSIBILITY OR LIABILITY IS ASSUMED BY SURVEYOR FOR USE OF SURVEY FOR ANY OTHER PURPOSE INCLUDING, BUT NOT LIMITED TO USE OF SURVEY FOR SURVEY AFFIDAVIT, RESALE OF PROPERTY, OR TO ANY OTHER PERSON NOT LISTED IN CERTIFICATION, EITHER DIRECTLY OR INDIRECTLY.

TO ALL PERSONS AND PARTIES OF INTEREST: THIS PLAN WAS PREPARED FOR A FEE FOR THE PERSONS AND PURPOSES INDICATED HEREON. ANY OTHER USE OF THIS PLAN OR A COPY OR ALTERATION OF IT NOT IMPRESSED WITH THE SEAL OF THE LICENSED ENGINEER OR SURVEYOR WHO PREPARED THIS PLAN IS NOT THE RESPONSIBILITY OF THE UNDERSIGNED.

CERTIFY TO:
SAMUEL A. DONIO, JR. AND NANCY M. DONIO, H/W
GMAC MORTGAGE CORPORATION OF PA,
ITS SUCCESSORS AND/OR ASSIGNS
ESTATES AT SHORE OAKS, L.P./TOLL BROTHERS, INC.
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY/
TRUEX ABSTRACT, INC.

Byron W. Rimmer DATE 8/25/96

BYRON W. RIMMER
PROFESSIONAL LAND SURVEYOR
N.J. LICENSE # 20369

Rev. 9/10/96 - Add Cert. - agr

MAP FILE NO. 228-7 DATE FILED 10-20-88

MAP OF
"FINAL PLAT"
BLOCK 185.01 LOT 8
SHORE OAKS GOLF, SECTION IV

HOWELL TOWNSHIP
MONMOUTH COUNTY, NEW JERSEY

E S E EASTERN STATES ENGINEERING, INC.
449 S. PENNSYLVANIA AVE.
MORRISVILLE, PA. 19067
215-736-0222

DESIGNED:	DRAWN: JC	CHECKED: BWR
SCALE: 1"=30'	DATE: 8-25-96	DWG. NO.: TBI #167