



Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 11/6/2020
Control Number C-20-01431
Permit Number 20201235
Permit Issue Date 9/30/2020

Certificate Number _____

Identification

Block: 1300 Lot: 62.01 Qual: _____

Work Site Location: 38 LOZIER RD Mount Olive Township, NJ

Owner in Fee: TULLY, LISA

Owner Address: 38 LOZIER RD BUDD LAKE NJ 07828

Telephone: _____

Contractor CHIMNEY DOCTOR

Address 235 BERKSHIRE VALLEY RD. WHARTON NJ 07885

Telephone: _____ Fax: _____

License Number or Builders Registration Number: _____

Federal Emp. Number: _____

☐ 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:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: _____ Use Group: R-5

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
CHIMNEY LINER INSTALLATION

Certificate Comments:

☐ Certificate of Clearance - Lead Abatement 5:17

This serves notice that based on written certification, lead abatement was performed as per NJACS: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.

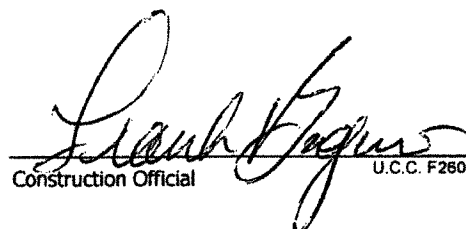
- ☐ Total removal of asbestos hazards in scope of work
- ☐ Partial or limited time period (years); see file

☐ 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 U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____
Collected By: _____

Date Printed: 11/6/2020
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Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued 1/6/2021
Control Number C-20-01586
Permit Number 20201273
Permit Issue Date 10/7/2020

Certificate Number _____

Identification

Block: 1300 Lot: 62.01 Qual: _____
Work Site Location: 38 LOZIER RD Mount Olive Township, NJ

Owner in Fee: TULLY, LISA
Owner Address: 38 LOZIER RD BUDD LAKE NJ 07828
Telephone: _____

Contractor T. DANIEL SPECIALTY HEATING INC.
Address 210 LANDING RD. LANDING NJ 07850

Telephone: _____ Fax: _____

License Number or Builders Registration Number: _____

Federal Emp. Number: _____

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Conditions to be met:

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Construction Classification: _____ Use Group: R-5

Maximum Occupancy Load: 0 Maximum Live Load: 0

Description of Work/Use:
GAS LINE GAS PIPING FOR OIL TO GAS CONVERSION

Certificate Comments:

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Construction Official

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 1/6/2021

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**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

4/1/99
17324-6031

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1300 Lot 62-01

Work Site Location 34 LOZIER RD

41122 LAKE N J. C1128

Owner in Fee 2215 WIS. AKHTAR

Address _____

Tele. (201) 691 2435

Contractor SALE

Address _____

Tele. (____) _____

Lic. No. _____

Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well ☒

Estimated Cost of Plumbing Work \$ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:

☒ No Plans Required

Joint Plan Review Required:

☐ Bldg. ☐ Elec.

☐ Fire ☐ Elevator

☐ Plumb. Plans Approved

Date: 1-1-98

Approved by: [Signature]

SUBCODE APPROVAL:

☒ CO ☐ CCO ☐ CA

Approved By: [Signature]

Date: 08-24-98

INSPECTIONS

Type: Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer 08-24-98 RL

Fixtures _____

Gas Equipment _____

Gas Piping _____

Solar _____

TCO _____

Dates (Month/Day)

Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer 08-24-98 RL

Fixtures _____

Gas Equipment _____

Gas Piping _____

Solar _____

TCO _____

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge \$ 135
Paid ☐ Check # _____ Minimum Fee \$ 1
DCA Training Fee \$ _____
Collected by: _____ TOTAL \$ 31

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]
Signature—Contractor Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Date Issued 2/14/2023
Control Number C-20-01577
Permit Number 20201272
Permit Issue Date 10/7/2020
Certificate Number 20201272

Certificate

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(Certificate of Approval)

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Telephone: _____
Contractor T. DANIEL SPECIALTY HEATING INC.
Address 210 LANDING RD. LANDING NJ 07850
Telephone: _____ Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: U Construction Classification: _____
Maximum Live Load: _____ Maximum Occupancy Load: _____
Description of Work/Use: REMOVAL OF AST - 275 GAL TANK IN BASEMENT

Certificate Comments:

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