Brittany
2 car
slab

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

I. IDENTIFICATION

1. Proposed Work at: 8 Annie Dr. Blk. 7905 Lot 5
2. Owner Name: Friendship Dev. Inc. Tel. (201) 577-0771
   Address 26 Plaza North Englishtown, N.J.
3. Principal Contractor: Same Tel. ( )
   Address
   Lic. No. or Builder Reg. No. 02105 Federal Emp. No. [redacted]
4. Architect ~~or Engineer~~: Geller & Termotta Tel. (201) 568-2098
   Address 2 Phelps Ave., Tenafly, N.J. 07670
5. Responsible Person in Charge of Work John Dagila Tel. (201) 364-5110/577-0771

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☒ Building/Structural	$ 26000
2. ☒ Plumbing	2500
3. ☒ Electrical	1500
4. ☐ Fire Protection	
5. ☐ Other	
6. ☐ Other	
TOTAL COST	$ 30,000

C. DO YOU WANT:

1. ☐ Partial Releases
2. ☒ Prototype Processing

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

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

NO

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units ____

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

B. NON-RESIDENTIAL

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

State Specific Use: 1-Family Dwelling

If Change in Use Group, Indicate Former: ____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

B. HEATING FUEL

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

C. TYPE OF SEWAGE DISPOSAL

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

D. TYPE OF WATER SUPPLY

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

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure 25 Ft.
16. Area–Largest Floor 1094 Sq. Ft.
17. Bldg. Area–All Fls. 1574 Sq. Ft.
18. Volume of Structure 23107 Cu. Ft.
19. Total Land Area Disturbed 5000± Sq. Ft.

LDS HW-B 10109285

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

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

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

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

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

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

☒ **Check if contractor.**

AGENT NAME John Dzugila for Friendship Dev. Inc. TEL. (201) 577-0771 / 364-5710

ADDRESS 26 Plaza Nine

Englishtown, N.J.

SIGNATURE John Dzugila

BLOCK NO. 79.05 LOT NO. 5 SUBDIVISION FRIENDSHIP EST. PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

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

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

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

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

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

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

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

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

☐ Temporary Certificate of Occupancy _____
Date Expired _____

☐ Temporary Certificate of Occupancy _____
Date Expired _____

☐ Certificate of Occupancy _____
No. _____

☐ Certificate of Continued Occupancy _____
No. _____

☐ Certificate of Approval _____
No. _____

☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler
Footing 7/26/83	BLG
Slab 8/9/83	BLG

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 2862.96
PLUMBING	74.00
ELECTRICAL	
FIRE PROTECTION	
OTHER mech	35.00
SUBTOTAL	$ _____
– LESS: 20% of subtotal (when plan review performed by state agency)	( )
D.C.A. TRAINING FEE .0006 x 25,1315	= 15.08
CERTIFICATE OF OCCUPANCY	
OTHER	20.00
OTHER	
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 375.34

DATE 9/11/83 Collected By Cash

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

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

CERTIFICATE

date

CERT. NO. 1988
DATE ISSUED 2/10/86
Block 79.05 Lot 5
Subdivision Friendship Est.

IDENTIFICATION

Owner Friendship Dev.
Address 26 Plaza Nine
Englishtown, NJ
Tel. ( )
Work Site Address 8 Annie Drive
Howell, NJ

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

PAYMENTS

Fees Remitted $
☐ Check No.
☐ Cash
☐ Other

Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

New construction of one-family dwelling: Brittany, 2-Car, Slab, Prototype

USE GROUP R-3 FIRE GRADING

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE

FINAL COST OF CONSTRUCTION: $ 30,000

William F. Kirk for Richard I. Kirk
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

APPLICATION FOR CERTIFICATE

PERMIT NO. _____
DATE ISSUED _____
Block 7905 Lot 5
Subdivision FRIENDSHIP EST.
Notice No. _____

IDENTIFICATION

OWNER:

Name FRIENDSHIP DEV.
Address 26 PLAZA NINE
Town/State/Zip ENGLISHTOWN, N.J. 07726

CONSTRUCTION LOCATION:

Address ~~BERNARD DR~~ 8 ANNIE DR.

Tel. (201) 577-0771

ACTION

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

USE GROUP: R-3 Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 30000
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

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

N/A

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

N/A

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

SIGNED: _____
OWNER/AGENT

☐ Owner
☒ Agent

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

TOWNSHIP OF HOWELL
POST OFFICE BOX 580
HOWELL, NEW JERSEY 07731-0580
(201) 938-4500

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

PERMIT NO. 1988
DATE ISSUED 6-11-85
Block 79.05 Lot 5
Subdivision Frienship Est.

A. IDENTIFICATION

Owner Friendship Est.
Address 26 Plaza Nine
Englishtown, NJ
Tel. ( ) 577-0771
Work Site Address 8 Annie Drive

Agent Owner
Address
Tel. ( )
Lic. No. 4185
Federal Emp. No.

PAYMENTS

Permit Fee $ 375.34
Fees Remitted $
☐ Check No. 6809
☐ Cash
☐ Other CF. 25,139.5

Collected By: E. Acosta
Date: 6-11-85

is hereby granted permission
to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☒ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

New construction of a one family dwelling.
(Brittany,2-car,slab,proto'type

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: $ 30,000.00

CONSTRUCTION OFFICIAL #28

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

HOWELL. TWP.

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. [illegible]
DATE ISSUED 6-11-85
REVISION DATE

Block 74.05 Lot 5
Subdivision Friendship

A. IDENTIFICATION

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

Owner Friendship Dev.
Address 26 Plaza Nine
English Town, N.J.
Tel. (201) 577-6771

Work Site Address 8 Annie Dr.

Contractor Same
Address
Tel. ( )
Lic. No. [illegible]
Federal Emp. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

TYPE OF WORK:
- [x] New Building
- [ ] Addition
- [ ] Alteration/Renovation
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence
  - [ ] Sign
  - [ ] Pool
  - [ ] Elevator
  - [ ] Other

Fee Basis	Fee
95,139.5	$ 926.26
	SUBTOTAL $ 1508
Minimum Building Fee (if applicable)	$ 20.00
Total Building Fee (Greater of Minimum or Subtotal)	$ 961.34

[x] See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present 0 Proposed

No. of Stories 2
Height of Structure 25' Ft.
Area—Largest Floor 1094 Sq. Ft.
Estimated Cost of Building Work: $ 30,000 –

Total Building Area—All Floors 1574 Sq. Ft.
Volume of Structure 23107 Cu. Ft.
Total Land Area Disturbed 5000 + Sq. Ft.

D. COMMENTS

Brittany Model

[ ] Partial Releases [x] Prototype Processing

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

HOWELL. TWP.

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 1999
DATE ISSUED 6-11-99
REVISION DATE
Block 74.05 Lot 5
Subdivision Englishtown

A. IDENTIFICATION

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

Owner Friendship Assn.
Address 26 Plaza Nine
Englishtown, N.J.
Tel. (201) 577-0771

Work Site Address
Annie Dr.

Contractor Same
Address
Tel. ( )
Lic. No. 62105
Federal Emp. No [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

NO

TYPE OF WORK:
- [X] New Building
- [ ] Addition
- [ ] Alteration/Renovation
  - [ ] Roofing
  - [ ] Siding
  - [ ] Other
- [ ] Demolition
- [ ] Miscellaneous
  - [ ] Fence
  - [ ] Sign
  - [ ] Pool
  - [ ] Elevator
  - [ ] Other

	Fee Basis	Fee
		$ 216.26
SUBTOTAL		$ 15.08
Minimum Building Fee (if applicable)		$ 22.00
Total Building Fee (Greater of Minimum or Subtotal)		$ 216.34

25,139.5

[X] See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present 0 Proposed
No. of Stories 2
Height of Structure 25' Ft.
Area—Largest Floor 1094 Sq. Ft.
Total Building Area—All Floors 1574 Sq. Ft.
Volume of Structure 23107 Cu. Ft.
Total Land Area Disturbed 5000± Sq. Ft.
Estimated Cost of Building Work: $ 30,000

D. COMMENTS

Brittany Model

- [ ] Partial Releases
- [X] Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS
11/8/85	Frame pending on electric. Must install after seattle. W.O. Jr.
	Floors & Driveway OK
	Final 12-6-86

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

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

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 12-6-86

Inspected By:

INSPECTIONS

Type	Failure Dates	Approval Date
☑ Footing/Foundation	Poured 7/25/86	7/25/86
☒ Slab	10/15/86	
☐ Frame		
☐ Architectural		
☒ Insulation		11-14-85
☐ Finishes		
☐ Energy		
☐ Mechanical		
☐ TCO		
☐ Other	Smoke Detectors 10/29/86	

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

HOWELL TWP.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 1988
DATE ISSUED 9-23-85
REVISION DATE
Block 79.05 Lot 5
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner FRIENDSHIP ESTATES
Address
Tel. ( )
Work Site Address 8 ANNE DR HOWELL, N.J.

Contractor THOMS ELECTRIC
Address 124 N. MAIN ST FORKED RIVER, NJ
Tel. (609) 693-8963
Lic.No./Bus. Permit 4917
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

T. Thoms
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets		- FUSE	Switching Devices	
	Receptacle Outlets			Transformers	
GAS	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
GAS	Dryer, Electric				
GAS	Water Heater, Electric		1-2 HW	DISHWASHER	
GAS	Heating, Electric				
20	Switches				
13	Lighting Fixtures		2	Other SMOKE DET	
38	Receptacles		1	Other RANGE HOOD	
	Bonding, Pool/Vault			Other	
150	Service/Feeders 150			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 50.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: 150 Amps 1 Phase RESD System Type

#4 Cu Wire 600 Volts U.G Wiring Method

Total No. of Meters: 1

Estimated Cost of Electrical Work: $ 1000.00

D. COMMENTS

ROUGH
PROG
FINAL

☐ Partial Releases ☐ Prototype Processing

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

HOWELL TWP.

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 1988
DATE ISSUED 9-2-88
REVISION DATE
Block 79.05 Lot 5
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner FRIENDSHIP ESTATES
Address
Tel. ( )
Work Site Address 8 ANNE DR HOWELL, N.J.

Contractor THOMS ELECTRIC
Address 124 N. MAIN ST FORKED RIVER, NJ
Tel. (609) 693-8963
Lic.No./Bus. Permit 4917
Federal Emp. No [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

T. Thoms
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets	1	FUSED	Switching Devices	
	Receptacle Outlets			Transformers	
GAS	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
GAS	Dryer, Electric				
GAS	Water Heater, Electric		1	2 HW DISHWASHER	
GAS	Heating, Electric				
20	Switches		2	Other SMOKE DET	
13	Lighting Fixtures		1	Other RANGE HOOD	
38	Receptacles			Other	
	Bonding, Pool/Vault			Other	
100	Service/Feeders 150				
		COLUMN 1 $			COLUMN 2 $

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

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: 100 Amps 1 Phase RESD System Type
#4 Cu Wire 600 Volts 46 Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 1000.00

D. COMMENTS

ROUGH
PROG
FINAL

☐ Partial Releases ☐ Prototype Processing

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

PLAN REVIEW AND INSPECTION – ELECTRICAL

DATE	JOB CONDITION/COMMENTS
11-8-85	ROUGH WIRING - O.K. TO COVER
1-23-86	FINAL

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 1-23-86

Inspected By: Vasily Serge

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Rough				11-8-85
☐ Energy				
☐ Mechanical				
☐ TCO				
☒ Other FINAL				1-23-86

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card	11-8-85	
Temporary Cut-in-Card		
Final Cut-in-Card	1-23-86	

U.C.C. Form F-120 (8/83)

FIRE SUBCODE
TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 19805
DATE ISSUED 6-14-88
REVISION DATE
Block 7905 Lot 5
Subdivision Friendship

A. IDENTIFICATION

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

Owner Friendship Dev.
Address 26 Plaza Nine
English Town, N.J.
Tel. (201) 577-0751
Work Site Address 8 Annie Dr.

Contractor Sims
Address
Tel. ( )
Lic. No. 07105
Federal Emp. No [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

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

B2. SPECIAL SUPPRESSION SYSTEMS

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

B3. ALARM

2 Smoke detectors

TYPE: ☐ Manual ☒ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ 100 — $ _____

B4. STAND PIPES

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

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-3 Present 0 Proposed
Heating Systems – Location: A. Room
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ 100 —

D. COMMENTS

Brittany Model

☐ Partial Releases ☒ Prototype Processing

FIRE SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 14[illegible]
DATE ISSUED 6-2-[illegible]
REVISION DATE

Block 79.05 Lot 5
Subdivision Friendship

A. IDENTIFICATION

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

Owner Friendship Dev.
Address 26 Plaza Nine
English Town, N.J.
Tel. (201) 577-0751
Work Site Address 8 Annie Dr.

Contractor Same
Address
Tel. ( )
Lic. No. 02105
Federal Emp. No [redacted]

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

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

B2. SPECIAL SUPPRESSION SYSTEMS

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

B3. ALARM 2 Smoke detector

TYPE: ☐ Manual ☒ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ 100 — $ _____

B4. STAND PIPES

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

B5. OTHER

_____ $
_____ $
_____ $

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

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP R-3 Present 0 Proposed
Heating Systems – Location: a. Room
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ 100 —

D. COMMENTS

Brittany Model

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
1/23/86	OK DH

APPROVED

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA

Date: 1-23-86

Inspected By: _____

INSPECTIONS

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

HOWELL TOWNSHIP

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 19806
DATE ISSUED 6-1-98
REVISION DATE
Block 79.05 Lot 5
Subdivision Friendship

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Friendship Dev
Address 26 Pizza Nine
Englishtown, N.J.
Tel. (201) 577-0771
Work Site Address 8 Annie Dr.

Contractor Shel-Rom
Address P.O. Box 388
Howell, N.J.
Tel. (201) 367-5066
Lic.No./Bus. Permit 4155
Federal Emp. No [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
1	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher		2	Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$ 35.00
SUBTOTAL	$ 35.00
Minimum Plumbing Fee (If applicable)	$ 44.00
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 25.00
	T 35.00
	110.00

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3 Present ~ Proposed

Drainage –	Material		Size	
Building Sewer–	Material	PVC	Size	3"
Water Service–	Material	Plastic	Size	3/4"
Venting –	Material	PVC	Size	1½ + 3"

Estimated Cost of Plumbing Work: $

D. COMMENTS

Brittany Model

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

HOWELL TOWNSHIP

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 17852
DATE ISSUED 6/11/92
REVISION DATE

Block 74.05 Lot 5
Subdivision Friendship

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Friendship Dev.
Address 26 Plaza Nine
Englishtown, N.J.
Tel. (201) 577-0771

Work Site Address
8 Annie Dr.

Contractor Shel-Ron
Address P.O. Box 388
Howell, N.J.
Tel. (201) 367-5066
Lic.No./Bus. Permit 1185
Federal Emp. No. [redacted]

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

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

AGENT'S SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
1	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine			Grease Trap	
1	Dishwasher			Interceptor	
	Commercial Dishwasher		2	Backflow Device	
1	Water Heater			Reduced Pressure Backflow Device	
1	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
1	Water Util. Connection			Other	
1	Sewer Util. Connection			Other	
2	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$ 35.00
Minimum Plumbing Fee (If applicable)	$ 44.00
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 75.00
	T 35.00
	110.00

C. PLUMBING CHARACTERISTICS

USE GROUP: R-3 Present — Proposed

Drainage —	Material		Size	
Building Sewer—	Material	PVC	Size	3"
Water Service—	Material	Plastic	Size	3/4"
Venting —	Material	PVC	Size	1 1/2 + 3"

Estimated Cost of Plumbing Work: $

D. COMMENTS

Untitary Model

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 1/31/86

Inspected By: Diane Dolan

INSPECTIONS

Type	Failure Date			Approval Date
☒ Slab				
☒ Rough				10-10-85
☐ Water				
☐ Sewer				
☐ Energy				
☒ Mechanical				10-10-85
☐ TCO				
☐ Other _____				

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

FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)
16 COURT STREET
FREEHOLD, NEW JERSEY 07728
TELEPHONE: (201) 431-3850

CERTIFICATE OF COMPLIANCE

TO: Construction Official MUNICIPALITY: Howell Twp.

PROJECT: Friendship Estates

Application No. 84-47

Block 79.05 Lots (5), 9 & 11
Block No.(s) 79 Lot No.(s) 66.16, 66.03 ..

Block No.(s) 79.04 Lot No.(s) 1 & 4

Complete Compliance ☐ *Conditional Compliance ☒

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Freehold Soil Conservation District and required by Chapter 251, PL 1975, as amended, The Soil Erosion and Sediment Control Act (N.J.S.A. 4:24-39 et seq.)

Date December 24, 1985 Authorized Signature

*Subject to attached conditions.

* Pending establishment of permanent vegetation by April 30, 1985.

DISTRIBUTION: White - Township Canary - Developer Pink - District Goldenrod - Other

A3603

aem

TO THE ADMINISTRATIVE OFFICE: 1740 DATE: 6/5 1985

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 8 ANNIE DR. ~~BERNARD DR.~~ ~~ROSLYN CT.~~ ~~RACHAEL~~ CT.

   Blk 7905 Lot 5

2. Name of Land Owners FRIENDSHIP DEV., 26 PLAZA NINE,

3. Occupant N/A 577-0771 ENGLISHTOWN, N.J. 07726

4. Proposed Use:

X New Construction	____ Residence-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 ANNIE DR. ~~BERNARD DR.~~ ~~ROSLYN CT.~~ ~~RACHAEL~~ CT. Feet.

   (b) Main road frontage 100'+ Feet.

   (c) Set back from side of road right of way 25 Feet.

   (d) Side yard clearance 8 Feet.

   (e) Rear yard clearance 49 Feet.

   (f) Depth of lot from right of way 110 Feet.

   (g) Dimensions of building: Width 40 Feet Depth 24 Feet.

   (h) Highest point of building above established grade 25'± Feet.

   (i) Area of lot - square feet MIN. 8000 S.F. Feet.

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

6. Buildings: Use single family res.
   Number of stories 2 Basement 0 Apartments 0
   Useable floor space designed for use as living quarters, exclusive of basements, porches, garage, breezeways, terraces, attics or partial stories.
   First floor 480 square feet Second floor 1094 square feet.
   Off-street parking space 480 square feet.

7. REMARKS

WITNESS:

John Dwight for FRIENDSHIP DEV. INC.
APPLICANTS SIGNATURE

date filed with Administrative Officer 6/5/85 Fee paid 10-

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: O.K

(h) Howell Township Municipal Utilities Authority:

PERMIT APPROVAL GRANTED:

PERMIT APPROVAL DENIED:

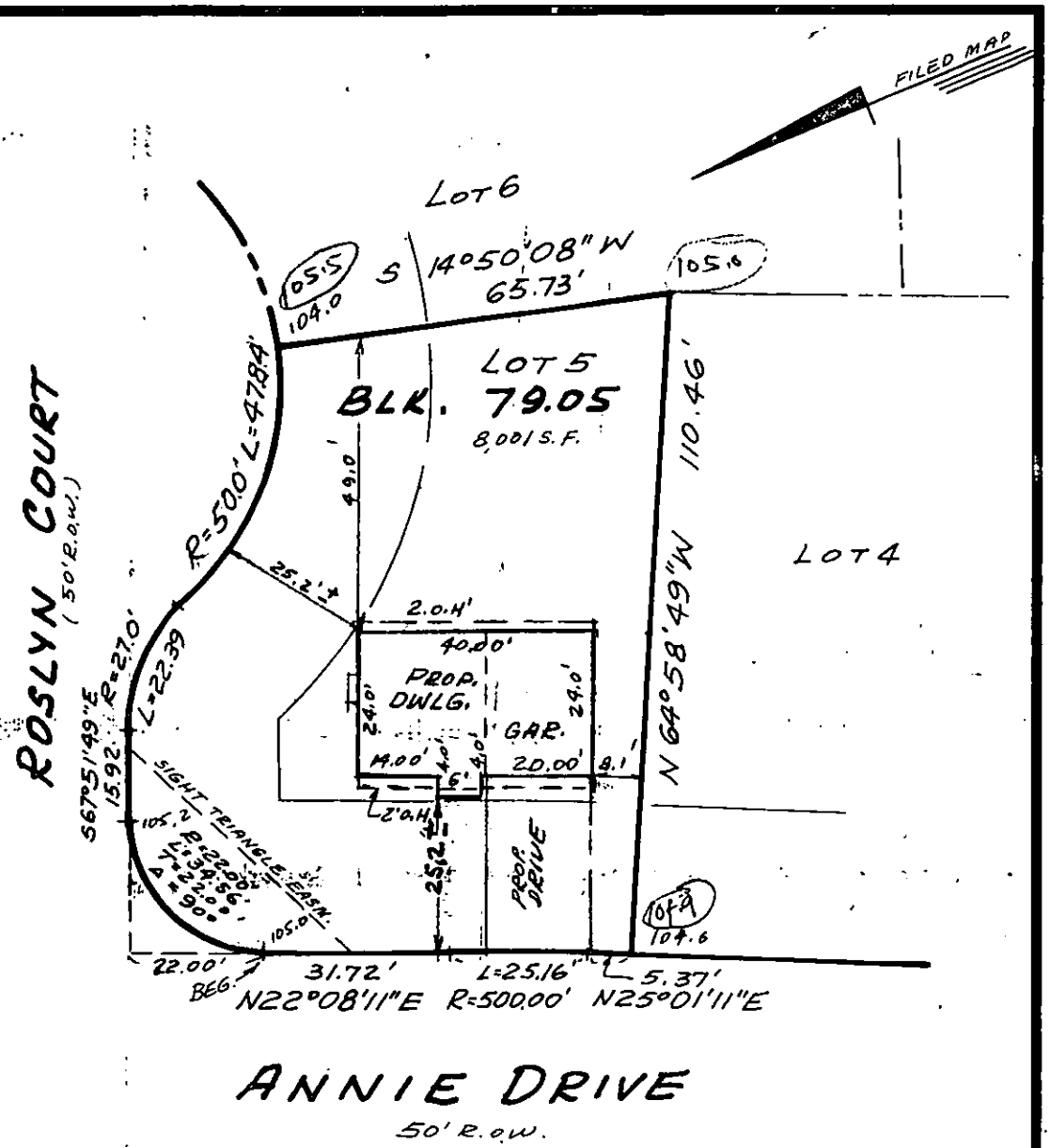
Upon the basis of the above applications, the statements which are made part hereof, the proposed usage is _____ found to be in accordance with the Township Zoning Ordinance and is hereby _____ approved for the following zone: _____.

_____
ADMINISTRATIVE OFFICER

Date Application was received 6/5/85 Date ruled on 6/5/85

If certification is refused, reason for refusal: _____

"BRITTANY"
(GR. RT. FPL. ORD. GR.)



(90.0) - PROP GRADE
90.0 - EX. GRADE
G.F. - 106.8'
~ - FLOW

ANNIE DRIVE
50' R.O.W.

PLOT PLAN

SKETCH OF PROPERTY SURVEYED FOR:
FRIENDSHIP ESTATES SEC 6
SITUATED IN:
HOWELL TOWNSHIP, MONMOUTH COUNTY, N.J.

JOHN ALLGAIR
P.E. & L.S. N.J. LIC. NO. 12012

ENGINEERING SURVEYING PLANNING ASSOCIATES
PROFESSIONAL ENGINEERS, LAND SURVEYORS AND PLANNERS
BOX 258, U.S. HWY. 9, HOWELL,
NEW JERSEY 07731
201 - 462 - 7400

SCALE	DATE	DRN.	T.M.	FILE NO.
1" = 30'	5-21-85	CKD. EJA	MAP NO.	85M4725

NAME CORSINO

BLOCK 79.05

LOT 5

Date 2/3/86

Re: Issuance of C/O at
Friendship Estates

Mr. Richard Kohl
Construction Code Official
Howell Township
Howell, N.J. 07731

Dear Mr. Kohl:

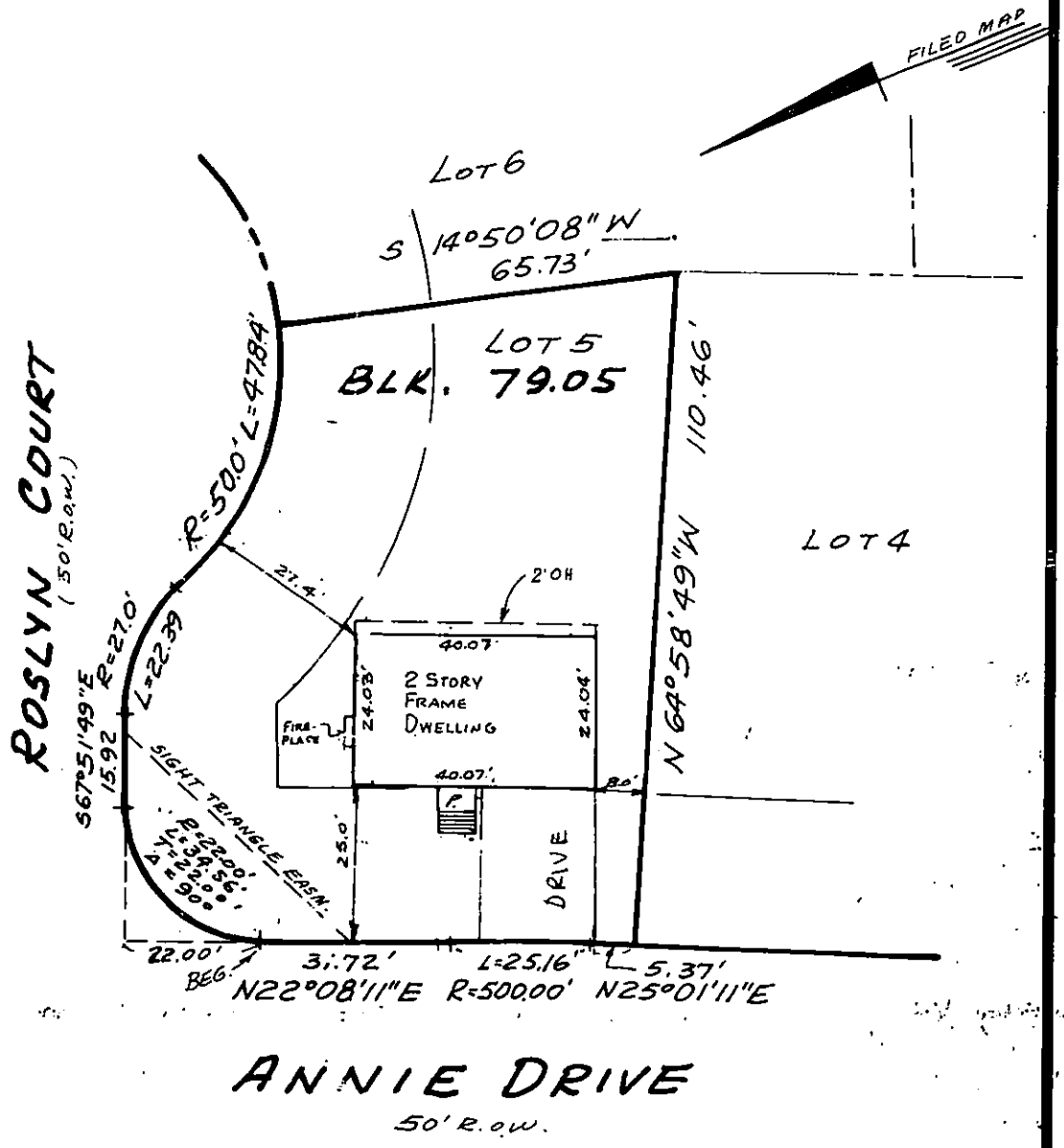
Please be advised that due to weather conditions the driveway and/or landscaping has not been installed. It is our request that the Certificate of Occupancy be issued with these items incomplete. We accept the fact that the Developer will complete these items as soon as weather permits and in no way is the Howell Township Building Dept. held responsible for same.

Edward A. Corsino
Purchaser

Notary Public

PATRICIA A. GOTTSTEIN
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES MAY 31, 1990

Purchaser



Property known and designated as Lot 5 in Block 79.05 as laid out on map entitled, "Final Map Section 6 Friendship Estates, Howell Township, Monmouth County, NJ" dated 8/7/84 and filed in the Monmouth County Clerk's Office on 5/13/85 in Case 199, Sheet 22.

This survey is certified to Edward Corsino; The Lomas & Nettleton Company and/or its successors and assigns; Chicago Title Insurance Company; Key Title Agency

JOHN ALLGAIR
P.E. & L.S. N.J. LIC. NO. 12012

SKETCH OF PROPERTY SURVEYED FOR:
EDWARD CORSINO
SITUATED IN:
HOWELL TOWNSHIP, MONMOUTH COUNTY, N.J.

ENGINEERING SURVEYING PLANNING ASSOCIATES
PROFESSIONAL ENGINEERS, LAND SURVEYORS AND PLANNERS
BOX 258, U.S. HWY. 9, HOWELL,
NEW JERSEY 07731 201 - 462 - 7400

SCALE	DATE	DRN.	T.M.	FILE NO.
1" = 30'	10-31-85	J.N.		85M4725
		CKD - Esq.	MAP NO. 612	

TOWNSHIP of HOWELL

Post Office Box 580 Howell, New Jersey 07731-0580 (908) 938-4500
FAX (908) 938-4818

August 12, 1992

Corsino
8 Annie Drive
Howell, New Jersey 07731

RE: Block 79.05 Lot 5

To Whom it May Concern:

Please be advised that a Certificate of Continued Occupancy is not required for the sole purpose of refinancing a single family dwelling. If the title name is going to change, a C/C/O will then be required.

In the event a bank or loan company requires a smoke detector on each floor of living space plus a basement (if applicable) an inspection will be set up by the building inspector to verify there are smoke detectors as required.

Should you need any further assistance, please feel free to contact me directly and I will be happy to accomodate you.

Sincerely,

Patricia L. Hoover
Housing Inspector

mas

Date of Inspection: 8-11-92
(For Smoke Alarms Only)

APPROVED

Builders Trust Warranty©

Builders' Warranty Service Corp.
629 East Atlantic Boulevard, Pompano Beach, FL 33060
(305) 941-6100 • (800) 327-1182

May 16, 1985

Friendship Developers, Inc.
26 Plaza Nine
Englishtown, NJ 07726

This letter acknowledges receipt of your request for issuance of an American Quality Builder's Warranty Policy to the following new homeowner(s):

BLOCK: 79.05 LOT: 5
NAME OF NEW HOMEOWNER(S): Corsino

ADDRESS: 8 Annie ~~or 1 Roslyn~~
CITY, COUNTY, STATE, ZIP: Howell, Monmouth, NJ 07731

POLICY #: GA2869053
INCEPTION DATE/DATE OF SETTLEMENT: October 1, 1985

This notice will serve as complete proof of warranty and may be submitted to local construction code officials so that the required Certificate of Occupancy may be obtained.

I would also like to remind you to issue the terms and conditions of the warranty to the homeowner(s) at the time of settlement, and to confirm that the terms and conditions of the policy itself will be sent to the homeowner(s) directly within 45 days of the date of settlement.

Very truly yours,

Marc Zinman
BUILDERS TRUST WARRANTY

MZ/klf

10 year insured protection

BLOCK: 79.05 LOT: 5

NAME/DEVELOPMENT: 7 shy Est

TOWNSHIP of HOWELL

Post Office Box 580 Howell, New Jersey 07731-0580 (201) 938-4500

NEW DEVELOPMENTS

CHECK LIST - CERTIFICATE OF OCCUPANCY

FINAL BUILDING INSPECTION ... 2-4 ... 2102

FINAL PLUMBING INSPECTION ... 1-31 ...

FINAL ELECTRICAL INSP. ... 1-23 ...

SOIL CONSERVATION APPROVAL ... 12-24 ...

MUA APPROVAL ... X ...

FIRE APPROVAL ... 1-23 ...

H.O.W. CERTIFICATE ... 2-3 ... dated 10-1-81

FINAL SURVEY ..... need roof 2-6

DRIVEWAY APPROVAL/
LETTER STATING WILL BE DONE ... ~~Signoff~~ ok 2-6

251 Preventorium Road
Howell, N.J. 07731

(908) 938-4500
Fax 938-4818

TOWNSHIP OF HOWELL

OFFICE OF HOUSING INSPECTIONS

Housing Inspection Report of: Date 8-11-92

NAME: Corsino BLOCK 79.05 LOT 5

ADDRESS: 8 Annie D. ZONE 1F1

Residential [✓] Commericial [ ]

Well [ ] Septic [ ] City Water [✓] City Sewer [✓]

Type of heat: _____ Type of siding _____

Basement _____ Garage _____

FIRST floor _____

SECOND floor _____

VIOLATIONS NOTED AT TIME OF INSPECTION: _____

Smoke detector

Cert. only

*THE ABOVE VIOLATIONS MUST BE CORRECTED WITHIN _____ DAYS. UPON COMPLETION OF THE ABOVE, NOTIFY THIS OFFICE 72 HOURS PRIOR TO SCHEDULING A RE-INSPECTION.

C/C/O will be mailed _____ C/C/O will be picked up _____

INSPECTOR _____ DATE 8-11-92

(revised 10/4/91)