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

Date Issued 12/31/2013
Control Number 09661
Permit Number 20091459
Permit Issue Date 7/20/2009
Certificate Number 20091459

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 17 GRISTMILL ROAD Howell Township, NJ Block: 110.08 Lot: 6 Qual:

Owner in Fee: SADIK, SEMRA A

Owner Address: 17 GRISTMILL RD HOWELL NJ 07731

Telephone: [redacted]

Contractor ROYAL AIR

Address 1735 ROUTE 9 NORTH HOWELL NJ 07731

Telephone: (732) 409-3322 Fax:

License Number or Builders Registration Number: 13VH01273700 Federal Emp. Number:

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: REPLACEMENT AC SYSTEM

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: 12/31/2013 U.C.C. F260 (rev. 08/05)

110.08 - 6

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7-20-09
Control # 09661
Date Issued
Permit # 20091459

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

Block 110.08 Lot 10 Qualification Code

Work Site Location 17 Gristmill Rd.

Owner in Fee: Sadie Sadik

Tel. [redacted] e-mail

Address 17 Gristmill Rd. (street) Idwell (municipality) 07731 (zip code)

Contractor: Royal Air Tel. (732) 409-3322

Address 1735 Rt 9 N. Idwell NJ e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. 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 $ 1100

JOB SUMMARY (Office Use Only) minor wk

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 6/4/09
Approved by: Allen Yeast

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/05/09
Approved by: Allen Yeast

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				
Final	8/12/09		9/05/09	

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. 8/12/09 - No access

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
coil and condenser

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	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Coil	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 65
State Permit Surcharge Fee	$ 1
TOTAL FEE	$ 66

Reorder From OCS Printing (609) 390-1400

U.C.C. F130 (rev. 10/06)

7-20-09

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control # 09661

Date Issued
Permit # 20091459

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

Block 110.08 Lot 6 Qualification Code

Work Site Location 17 Gristmill Rd.

Owner in Fee: SAME SAME

Tel. [redacted] e-mail

Address 17 GRISTMILL RD. HOWELL 07731
street (municipality) zip code

Contractor: JOHN ANKLIN Tel. (908 770-8417

Address 6753 NEW BEDFORD RD e-mail WALL NJ 07719

Contractor License No. 11766 Exp. Date 3-31-12

Home Improvement Contractor Registration Number Expiration Date (if applicable):

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 $ 400

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: 6-3-09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9-25-09
Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	8-12-09		9-25-09	TO
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's Signature/Contractor's Seal and Signature

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

U.C.C. F120 (rev. 10/06)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
20 amps min

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	
1	2	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	$	65
Minimum Fee	$	1
State Permit Surcharge Fee	$	
TOTAL FEE	$	66

Reorder From OCS Printing (609) 390-1400