



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

Date Issued 5/10/2017
Control Number C-36861
Permit Number 20162847
Permit Issue Date 11/1/2016
Certificate Number 20162847

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 18 HARVEST RIDGE ROAD Howell Township, NJ Block: 109.01 Lot: 45 Qual: _____
Owner in Fee: TIMBER RIDGE AT HOWELL LLC
Owner Address: 105 KATHYS LANE STE A EGG HARBOR NJ 08234
Telephone: _____
Contractor K.HOVNANIAN @ HOWELL II, LLC
Address 3 Charleston Ct. Little Egg Harbor NJ 08087
Telephone: _____ Fax: _____
License Number or Builders Registration Number: 046420 Federal Emp. Number: _____

Home Warranty Number: PROFESSIONAL WARRANTY SERVICE CORP
05327276

Type of Warranty Plan: ☐ State ☒ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 40 Maximum Occupancy Load: 0

Description of Work/Use: NEW SINGLE FAMILY DWELLING/2015 IRC BARBUDA (BASE) ,2 BEDRROMS, 2 BATHS, 2 CAR
FRONT ENTRY GARAGE, ELEV. AS SIDING

Certificate Comments: INCLUDES UPDATE +A

☒ 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 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

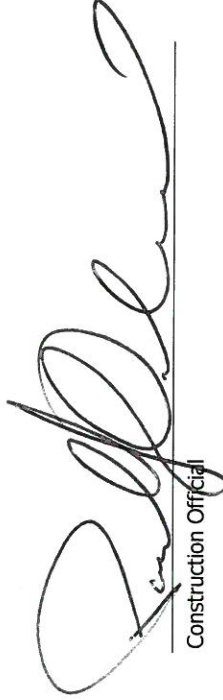
☐ Certificate of Compliance

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

Date Printed: 5/10/2017

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

Fee: \$60.00

Check Number: 00074758

Collected By: Janine Martuscelli

Page 1



PROFESSIONAL WARRANTY SERVICE CORPORATION

P.O. Box 800 Annandale, VA 22003-0800 Phone: 1.800.850.2799 Fax:

To: Municipal Construction Official
From: Professional Warranty Service Corporation
Subject: Confirmation of home enrollment and warranty coverage

This shall serve as verification that the home (structure) identified below has been accepted for final enrollment in the Professional Warranty 10-Year Limited Warranty Program. This form is validated by the signature of a PWSC representative and the PWSC seal affixed below. This form also affirms that the Limited Warranty document will be transmitted to the purchaser upon closing/final settlement.

Builder Name: K. Hovnanian at Howell II, LLC
PWSC Builder Participation 00070HA
NJ DCA Registration Number: 46420
Purchaser(s) Name: ,
Municipality: HOWELL TWP
Legal Address of Home Enrolled: Lot: 45 Block: 109.01
Street Address: 18 HARVEST RIDGE ROAD
City / State / Zip: HOWELL NJ 07731
County: MONMOUTH

PWSC Approval Number and
Builder's Limited Warranty Number: 05327276

Date: **07/31/2015**

PWSC Representative: 
Stephanie Sloan

PWSC Seal:

PERMIT # 2016 2847

18 Harvest Ridge Rd.

Ranch

LOT: 45

BLOCK: 109.01

FRAMING CHECKLIST

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS

☒ ☐ SPACING☒ ☐ SIZE

STRAPS

☒ ☐ SPACING (PER MANUFACTURER'S SPECS)☒ ☐ SIZE

2. SILL PLATES:

☒ ☐ SIZE☒ ☐ GRADE, SPECIES☒ ☐ TREATMENT☒ ☐ LAPS☒ ☐ SILL SEALER☒ ☐ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)☒ ☐ TERMITE PROTECTION

3. BEAM POCKETS: N/A

☐ ☐ BEARING/SHIMS☐ ☐ TERMITE PROTECTION OR CLEARANCE

4. COLUMNS: N/A

☐ ☐ SIZED PER PLAN☐ ☐ ATTACHMENT/PLATES☐ ☐ SPACING/LOCATION☐ ☐ PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1ST 2ND 3RD FLOOR☐ ☐ ☐ SIZE☐ ☐ ☐ GRADE, SPECIES☐ ☐ ☐ SINGLE OR DOUBLE☐ ☐ ☐ PRE-ENGINEERED PER MANUFACTURER'S SPECS☐ ☐ ☐ CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

☐ ☐ SIZED PER PLAN☐ ☐ TYPE☐ ☐ GRADE, SPECIES☐ ☐ LOCATION AND RELATION TO THE PLAN☐ ☐ NAILING☐ ☐ ATTACHMENT SCHEDULE☐ ☐ BEARING☐ ☐ LAPPING

3. FLOOR JOIST:

1ST 2ND 3RD FLOOR☐ ☐ ☐ SIZED PER PLAN☐ ☐ ☐ GRADE, SPECIES☐ ☐ ☐ PRE-ENGINEERED COMPONENTS AS SPECIFIED☐ ☐ ☐ BEARING☐ ☐ ☐ NAILING☐ ☐ ☐ BRIDGING☐ ☐ ☐ CUTTING AND NOTCHING (AS PER CODE)☐ ☐ ☐ POINT LOADS - SUPPORTED AS PER PLAN☐ ☐ ☐ SPAN HANGERS☐ ☐ ☐ HEADERS☐ ☐ ☐ FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1ST 2ND 3RD FLOOR

MATERIAL

☐ ☐ ☐ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

☐ ☐ ☐ EDGE BLOCKING (IF REQUIRED)☐ ☐ ☐ GAPPING☐ ☐ ☐ LAYOUT

5. STAIR ATTACHMENT:

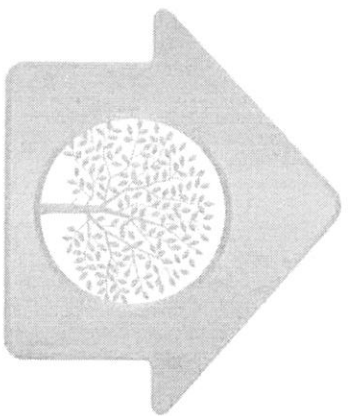
1ST 2ND 3RD FLOOR☐ ☐ ☐ BEARING☐ ☐ ☐ NAILING

I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: _____ Date: 11/24/17

Building Inspector
Initials: _____

Date: 11/27/17



EAM
ASSOCIATES

Inspection Report:

K Hov

18 Harvest Ridge Rd

Monmouth Woods



Residential New Construction Inspection Report

Street/City/State/Zip: 18 Harvest Ridge Rd Little Egg Harbor NJ 08087 Date: 4-11-17

Builder: K Hov Development: Monmouth Woods

NJCEP Tier: 2

Type of Inspection: ☐ Pre-Drywall ☒ Final Re-inspection

Select One

Inspection Status:

☒ **Pass** – This unit meets all the necessary requirements. Any issues listed below are not required to be corrected.
☐ **Pass Pending Builder Verification** – All issues listed below will need to be corrected and documented.

If the builder verified option is being used the corresponding check list must be properly filled out and a builder representative must acknowledge that these issues have been corrected by signing the checklist.

☐ **Re-inspection Pass** – All issues from previous inspections have been corrected.
☐ **Fail** – Re-inspection required.

Issue 1	
Location	
Resolution	
Best Practice	
Issue 2	
Location	
Resolution	
Best Practice	
Issue 3	
Location	
Resolution	
Best Practice	
Issue 4	
Location	
Resolution	
Best Practice	

*If the above table is full please check the reverse of this page for additional issues.

Builder Employee: Keith Voetsch

Field Inspector or Rater: Joe Zumbo Signature:



Rater Field Checklist

ENERGY STAR Certified Homes, Version 3 / 3.1 (Rev. 08)

Home Address: 18 Harvest Ridge Rd City: Little Egg Harbor State: NJ Permit Date: See SRReg App

Thermal Enclosure System

1. High-Performance Fenestration & Insulation

1.1 Fenestration meets or exceeds levels specified in Item 2.1 of the Rater Design Review Checklist	☐	☐	☒	-
1.2 Insulation meets or exceeds levels specified in Item 3.1 of the Rater Design Review Checklist	☐	☐	☒	-
1.3 All insulation achieves RESNET-defined Grade I installation. See Footnote 4 for alternatives. ⁴	☐	☐	☒	-

2. Fully-Aligned Air Barriers ⁵ At each insulated location below, a complete air barrier is provided that is fully aligned as follows:

Ceilings: At interior or exterior horizontal surface of ceiling insulation in Climate Zones 1-3; at interior horizontal surface of ceiling insulation in Climate Zones 4-8. Also, at exterior vertical surface of ceiling insulation in all climate zones (e.g., using a wind baffle that extends to the full height of the insulation in every bay or a tabbed baffle in each bay with a soffit vent that prevents wind washing in adjacent bays). ⁶

2.1 Dropped ceilings / soffits below unconditioned attics, and all other ceilings ☐ ☐ ☐ ☒

Walls: At exterior vertical surface of wall insulation in all climate zones; also at interior vertical surface of wall insulation in Climate Zones 4-8 ⁷

2.2 Walls behind showers, tubs, staircases, and fireplaces ☐ ☐ ☐ ☒

2.3 Attic knee walls and skylight shaft walls ⁸ ☐ ☐ ☐ ☒

2.4 Walls adjoining porch roofs or garages ☐ ☐ ☐ ☒

2.5 Double-walls and all other exterior walls ☐ ☐ ☐ ☒

Floors: At exterior vertical surface of floor insulation in all climate zones and, if over unconditioned space, also at interior horizontal surface including supports to ensure alignment. See Footnotes 10 & 11 for alternatives. ^{9, 10, 11}

2.6 Floors above garages, floors above unconditioned basements or crawlspaces, and cantilevered floors	☐	☐	☐	☒
2.7 All other floors adjoining unconditioned space (e.g., rim / band joists at exterior wall or at porch roof)	☐	☐	☐	☒

3. Reduced Thermal Bridging

3.1 For insulated ceilings with attic space above (i.e., non-cathedralized), Grade I insulation extends to the inside face of the exterior wall below and is $\geq$ R-21 in CZ 1-5; $\geq$ R-30 in CZ 6-8 ¹² ☐ ☐ ☒ ☐

3.2 For slabs on grade in CZ 4-8, 100% of slab edge insulated to $\geq$ R-5 at the depth specified by the 2009 IECC and aligned with the thermal boundary of the walls ^{13, 14} ☐ ☒ ☐ ☐

3.3 Insulation beneath attic platforms (e.g., HVAC platforms, walkways) $\geq$ R-21 in CZ 1-5; $\geq$ R-30 in CZ 6-8 ☐ ☐ ☐ ☒

3.4 At above-grade walls separating conditioned from unconditioned space, one of the following options used (rim / band joists exempted): ¹⁵

3.4.1 Continuous rigid insulation, insulated siding, or combination of the two is: ☐ ☐ ☐ ☒

$\geq$ R-3 in CZ 1-4; $\geq$ R-5 in CZ 5-8 ^{16, 17, 18}, **OR**:

3.4.2 Structural Insulated Panels **OR**, Insulated Concrete Forms **OR**, Double-wall framing **OR**, ^{16, 19} ☐ ☐ ☐ ☒

3.4.3 Advanced framing, including all of the items below: ²⁰

3.4.3a Corners insulated $\geq$ R-6 to edge ²¹, **AND**: ☐ ☐ ☐ ☒

3.4.3b Headers above windows & doors insulated $\geq$ R-3 for 2x4 framing or equivalent cavity width, and $\geq$ R-5 for all other assemblies (e.g., with 2x6 framing) ²², **AND**: ☐ ☐ ☐ ☒

3.4.3c Framing limited at all windows & doors to one pair of king studs, plus one pair of jack studs per window opening to support the header and sill, **AND**: ☐ ☐ ☐ ☒

3.4.3d Interior / exterior wall intersections insulated to same R-value as rest of exterior wall, ²³ **AND**: ☐ ☐ ☐ ☒

3.4.3e Minimum stud spacing of 16 in. o.c. for 2x4 framing in all Climate Zones and, in CZ 6-8, 24 in. o.c. for 2x6 framing ²⁴ ☐ ☐ ☐ ☒

4. Air Sealing (Unless otherwise noted below, "sealed" indicates the use of caulk, foam, or equivalent material)

4.1 Ducts, flues, shafts, plumbing, piping, wiring, exhaust fans, & other penetrations to unconditioned space sealed, with blocking / flashing as needed ☐ ☐ ☒ ☐ -

4.2 Recessed lighting fixtures adjacent to unconditioned space [ICAT labeled and gasketed. Also, if in insulated ceiling without attic above, exterior surface of fixture insulated to $\geq$ R-10 in CZ 4-8. ☐ ☐ ☐ ☒

4.3 Above-grade sill plates adjacent to conditioned space sealed to foundation or sub-floor. Gasket also placed beneath above-grade sill plate if resting atop concrete / masonry & adjacent to cond. space ^{25, 26} ☐ ☐ ☐ ☒

4.4 Continuous top plate or blocking is at top of walls adjoining unconditioned space, and sealed ☐ ☐ ☐ ☒

4.5 Drywall sealed to top plate at all unconditioned attic / wall interfaces using caulk, foam, drywall adhesive (but not other construction adhesives), or equivalent material. Either apply sealant directly between drywall and top plate or to the seam between the two from the attic above. ☐ ☒ ☐ ☐ ☐

4.6 Rough opening around windows & exterior doors sealed ²⁷ ☐ ☐ ☒ ☐ -

4.7 Walls that separate attached garages from occupiable space sealed and, also, an air barrier installed and sealed at floor cavities aligned with these walls ☐ ☐ ☐ ☐ ☒

4.8 In multifamily buildings, the gap between the common wall (e.g. the drywall shaft wall) and the structural framing between units sealed at all exterior boundaries ☐ ☐ ☐ ☐ ☒

4.9 Doors adjacent to unconditioned space (e.g., attics, garages, basements) or ambient conditions made substantially air-tight with weatherstripping or equivalent gasket ☐ ☐ ☐ ☒ ☐

4.10 Attic access panels, drop-down stairs, & whole-house fans equipped with durable $\geq$ R-10 cover that is gasketed (i.e., not caulked). Fan covers either installed on house side or mechanically operated. ²⁸ ☐ ☐ ☒ ☐ ☐



Rater Field Checklist

ENERGY STAR Certified Homes, Version 3 / 3.1 (Rev. 08)

HVAC System ³⁰ (HVAC Design Report Item # indicated in parenthesis)		Must Correct	Rater Verified ²	N/A ³
5. Heating & Cooling Equipment				
5.1 HVAC manufacturer & model number on installed equipment matches either of the following (check box): ³¹				
☒ HVAC Design Report (4.3, 4.4, & 4.17) ☐ Written approval received from designer				
5.2 External static pressure measured by Rater at contractor-provided test locations and documented below: ³²				
Return-Side External Static Pressure: <u>See Spec Report</u> IWC Supply-Side External Static Pressure: <u>See Spec Report</u> IWC				
5.3 Permitted, but not required: HVAC Commissioning Checklist collected, with no items left blank				
6. Duct Quality Installation - Applies to Heating, Cooling, Ventilation, Exhaust, & Pressure Balancing Ducts, Unless Noted in Footnote				
6.1 Ductwork installed without kinks, sharp bends, compressions, or excessive coiled flexible ductwork ³³				
☐ ☐ ☒				
6.2 Bedrooms pressure-balanced using any combination of transfer grills, jump ducts, dedicated return ducts, and / or undercut doors to achieve a Rater-measured pressure differential ≤ 3 Pa with respect to the main body of the house when all bedroom doors are closed and all air handlers are operating. See Footnote 34 for alternative: ³⁴				
☐ ☒ ☐				
6.3 All supply and return ducts in unconditioned space, including connections to trunk ducts, are insulated to ≥ R-6 ³⁵				
☐ ☐ ☒				
6.4 Rater-measured total duct leakage meets one of the following two options. See Footnote 37 for alternative: ^{36, 37, 38}				
6.4.1 Rough-in: The greater of ≤ 4 CFM25 per 100 sq. ft. of CFA or ≤ 40 CFM, with air handler & all ducts, building cavities used as ducts, & duct boots installed. In addition, <u>all</u> duct boots sealed to finished surface, Rater-verified at final. ³⁹				
☐ ☐ ☒				
6.4.2 Final: The greater of ≤ 8 CFM25 per 100 sq. ft. of CFA or ≤ 80 CFM, with the air handler & all ducts, building cavities used as ducts, duct boots, & register grilles atop the finished surface (e.g., drywall, floor) installed ⁴⁰				
☐ ☒ ☐				
6.5 Rater-measured duct leakage to outdoors the greater of ≤ 4 CFM25 per 100 sq. ft. of CFA or ≤ 40 CFM25 ^{36, 38, 41}				
☐ ☐ ☒				
7. Whole-House Mechanical Ventilation System				
7.1 Rater-measured ventilation rate is within either ± 15 CFM or ±15% of design value (2.3) ⁴²				
☐ ☐ ☒				
7.2 A readily-accessible ventilation override control installed and also labeled if its function is not obvious (e.g., a label is required for a standalone wall switch, but not for a switch that's on the ventilation equipment)				
☐ ☐ ☒				
7.3 No outdoor air intakes connected to return side of the HVAC system, unless controls are installed to operate intermittently & automatically based on a timer and to restrict intake when not in use (e.g., motorized damper)				
☐ ☐ ☒				
7.4 System fan rated ≤ 3 sones if intermittent and ≤ 1 sone if continuous, or exempted ⁴³				
☐ ☐ ☒				
7.5 If system utilizes the HVAC fan, then the specified fan type is ECM / ICM (4.7), or the controls will reduce the standalone ventilation run-time by accounting for hours when the HVAC system is heating or cooling				
☐ ☐ ☒				
7.6 Bathroom fans are ENERGY STAR certified if used as part of the whole-house system ⁴⁴				
☐ ☐ ☒				
7.7 Air inlet location (Complete if ventilation air inlet location was specified (2.12, 2.13); otherwise check "N/A"): ^{45, 46}				
☐ ☐ ☒				
7.7.1 Inlet pulls ventilation air directly from outdoors and not from attic, crawlspace, garage, or adjacent dwelling unit				
☐ ☐ ☒				
7.7.2 Inlet is ≥ 2 ft. above grade or roof deck; ≥ 10 ft. of stretched-string distance from known contamination sources (e.g., stack, vent, exhaust, vehicles) not exiting the roof, and ≥ 3 ft. distance from sources exiting the roof				
☐ ☐ ☒				
7.7.3 Inlet is provided with rodent / insect screen with ≤ 0.5 inch mesh				
☐ ☐ ☒				
8. Local Mechanical Exhaust - In each kitchen and bathroom, a system is installed that exhausts directly to the outdoors and meets one of the following Rater-measured airflow and manufacturer-rated sound level standards: ^{42, 47}				
Location		Continuous Rate	Intermittent Rate ⁴⁸	
8.1 Kitchen		Airflow ≥ 5 ACH, based on kitchen volume ^{49, 50}	≥ 100 CFM and, if not integrated with range, also ≥ 5 ACH based on kitchen volume ^{49, 50, 51}	☐ ☒ ☐
8.2 Bathroom		Sound Recommended: ≤ 1 sone	Recommended: ≤ 3 sones	☐ ☒ ☐
		Airflow ≥ 20 CFM	≥ 50 CFM	☐ ☒ ☐
		Sound Required: ≤ 1 sone	Recommended: ≤ 3 sones	☐ ☒ ☐
9. Filtration				
9.1 At least one MERV 6 or higher filter installed in each ducted mechanical system in a location that facilitates access and regular service by the owner ⁵²				
☐ ☒ ☐				
9.2 Filter access panel includes gasket or comparable sealing mechanism and fits snugly against the exposed edge of filter when closed to prevent bypass ⁵³				
☐ ☒ ☐				
9.3 All return air and mechanically supplied outdoor air passes through filter prior to conditioning				
☐ ☐ ☒				
10. Combustion Appliances				
10.1 Furnaces, boilers, and water heaters located within the home's pressure boundary are mechanically drafted or direct-vented. See Footnote 56 for alternatives. ^{54, 55, 56}				
☐ ☒ ☐				
10.2 Fireplaces located within the home's pressure boundary are mechanically drafted or direct-vented. See Footnote 57 for alternatives. ^{54, 55, 57}				
☐ ☒ ☐				
10.3 If unvented combustion appliances other than cooking ranges or ovens are located inside the home's pressure boundary, the Rater has followed Section 805 of RESNET's Standards, encompassing ANSI/ACCA 12 QH-2014, Appendix A, Section A3 (Carbon Monoxide Test), and verified the equipment meets the limits defined within ^{54, 58}				
☐ ☐ ☒				
Rater Name: <u>See Rough Report</u> Rater Pre-Drywall Inspection Date: <u>See Rough</u> Rater Initials: <u>See Rough</u>				
Rater Name: <u>Joe Zumbo</u> Rater Final Inspection Date: <u>4-11-17</u> Rater Initials: <u></u>				
Builder Employee: <u>Keith Voetsch</u> Builder Inspection Date: <u>4-11-17</u> Builder Initials: <u>KV</u>				



Building Specifications & Testing Report

Model: Barbuda

Floors Above Grade: 1

Housing Type: Single Family Detached

Foundation: Slab

Conditioned Volume (ft³): 17,883

CFA (ft²): 1,987

Structural Options:

☒ None

☐ Ext Master BR

☐ Ext Family RM

☐ Sunroom

☐ Walkout BSMT

☐ English BSMT

☐ Loft

☐ Opt Windows

☐ Other: _____

Foundation Insulation: N/A Section

Grade: _____

Floors Over Unconditioned Space:

Location: ☐ Garage

☐ Ambient

☐ Basement

☐ Crawlspace

Framing Type: N/A Section

R-value: _____

Insulation Type: _____

Grade: _____

Above Grade Walls:

Wall Color: Medium Continuous Ext Insulation R-value: N/A
Primary Framing: 2x4 @ 16" Wood R-value: R-13
Insulation Type: Fiberglass Batt Grade: 1

Secondary Framing: N/A Section R-value:
Insulation Type: Grade:

Adiabatic Framing: N/A Section R-value:
Insulation Type: Grade:

Windows & Glass Doors:

Compass Heading: Northeast NFRC Label: Yes (Data Below)
Window Company: MI U-factor: 0.33 SHGC: 0.29
Glass Dr. Company: MI U-factor: No Labels SHGC: No Labels

Opaque Doors:

Front Door Construction Type: Fiberglass R-7.14
Garage Door Construction Type: Steel Insulated R-2.5
Side/Rear Door Construction Type: N/A

Ceilings:

Roof Color: Dark

Flat Attic Framing: Truss (2x6 Bottom Chord) R-value: 49

Insulation Type: Blown Fiberglass Grade: 1

Vaulted Attic Framing: N/A Section R-value:

Insulation Type: Grade:

Domestic Hot Water Heaters:

System 1 Location: Conditioned Space Fuel Type: Natural Gas

System 1 Nameplate Info: See Photo

System 2 Location: N/A Section Fuel Type:

System 2 Nameplate Info:

Bedroom Pressure Differentials (Pa):

Select Yes if Supply Air is $\geq$ 150 CFM

Master: 0.0 Bed 1: 0.1 Bed 2: Bed 3: Bed 4:
Yes NO NO NO NO

Local Exhaust Fan Flows (CFM):

Kitchen: 100 Master: 58 Bath 1: 54 Bath 2: 52 Bath 3:

HVAC System 1:

Location: Conditioned Space

Heating Type: Furnace

Distribution: Forced Air (Ducted)

Nameplate Info: See Photo Fuel Type: Natural Gas

Cooling Type: Central AC Split System Distribution:

Evaporator Nameplate Info: See Photo

Condenser Nameplate Info: See Photo

Programmable T-stat Installed: Yes External TXV Installed: Yes

Supply Static: 0.09 (wc) Return Static: -0.12 (wc)

Duct Test Location: Central Return HVAC Sys 1 CFA: 1,987 ft²

Total Duct Leakage: 103 (CFM25) 5.2 (% of CFA)

Leakage to Outside: 56 (CFM25) 2.8 (% of CFA)

System 1 Ductwork Locations: Returns ≥ 3: Yes

1. Conditioned Space 25%

2. Attic 75%

3.

Blower Door Test Results:

Testing Location: _____ CFM50: _____

CFM50 per SQFT of CFA: 0.0 ACH50: 0.00

Whole Building Mechanical Ventilation:

System Type: Supply Timer/Control Installed: Yes

Nameplate Info: Air Cyclor CFM: 52

Lights & Appliances:

Clothes Washer Nameplate Info: See Photo

Refrigerator Nameplate Info: See Photo

Dishwasher Nameplate Info: See Photo

Clothes Dryer Fuel: Natural Gas Moisture Sensing: Yes

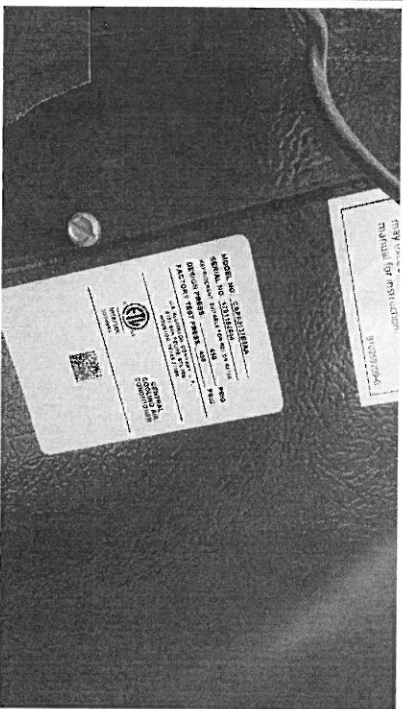
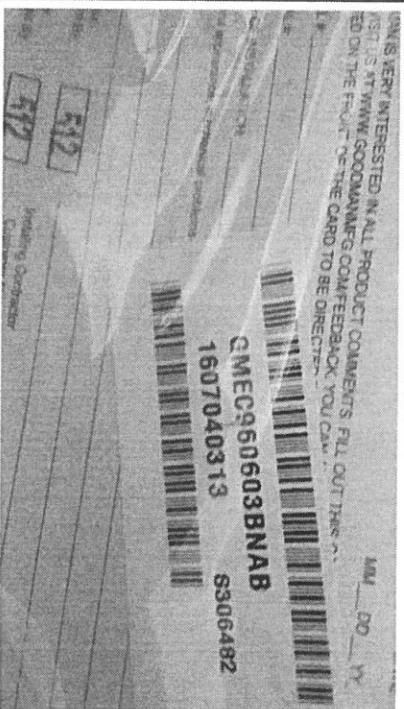
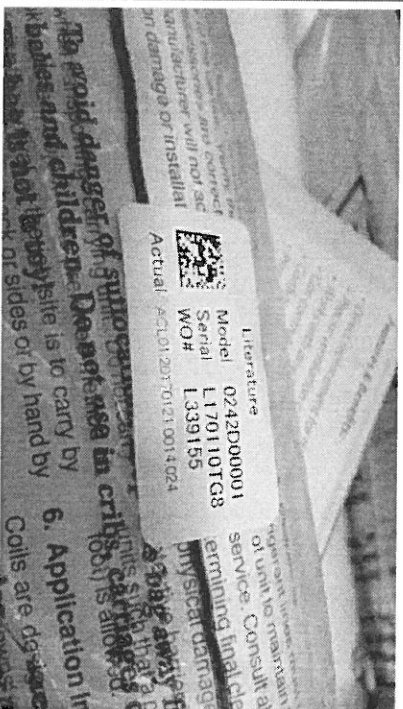
Range/Oven Fuel: Natural Gas

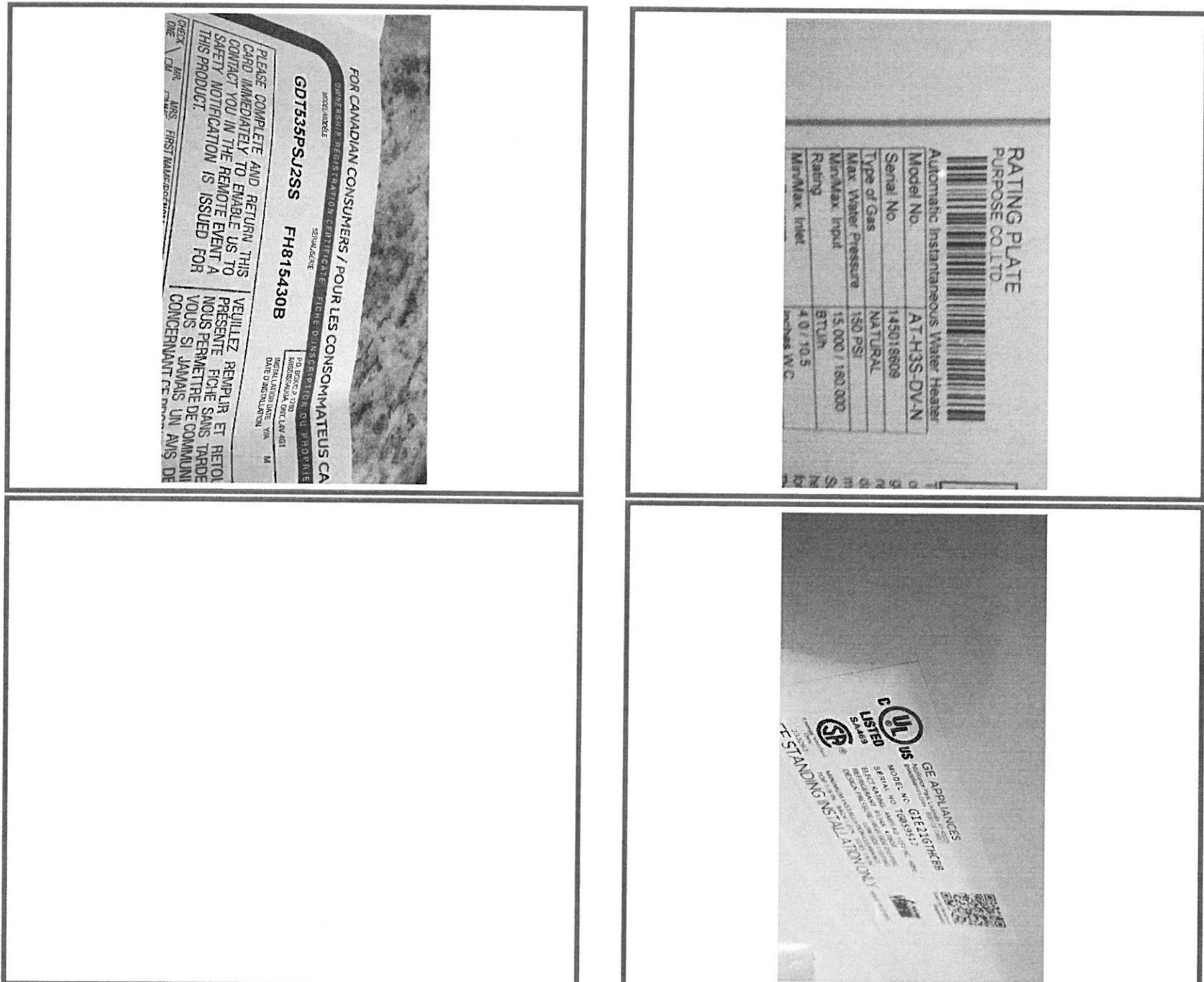
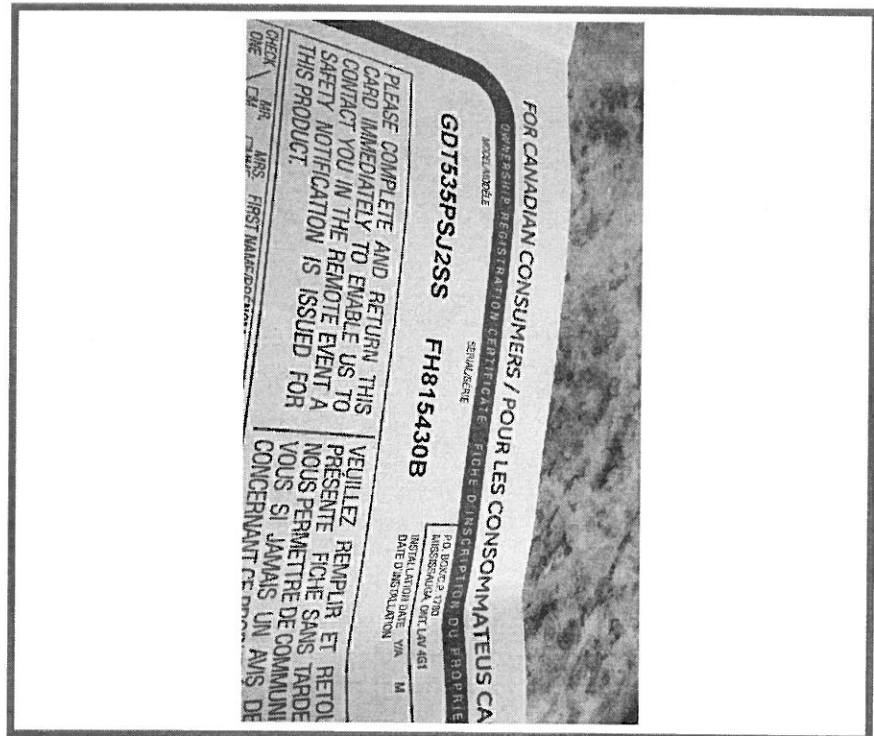
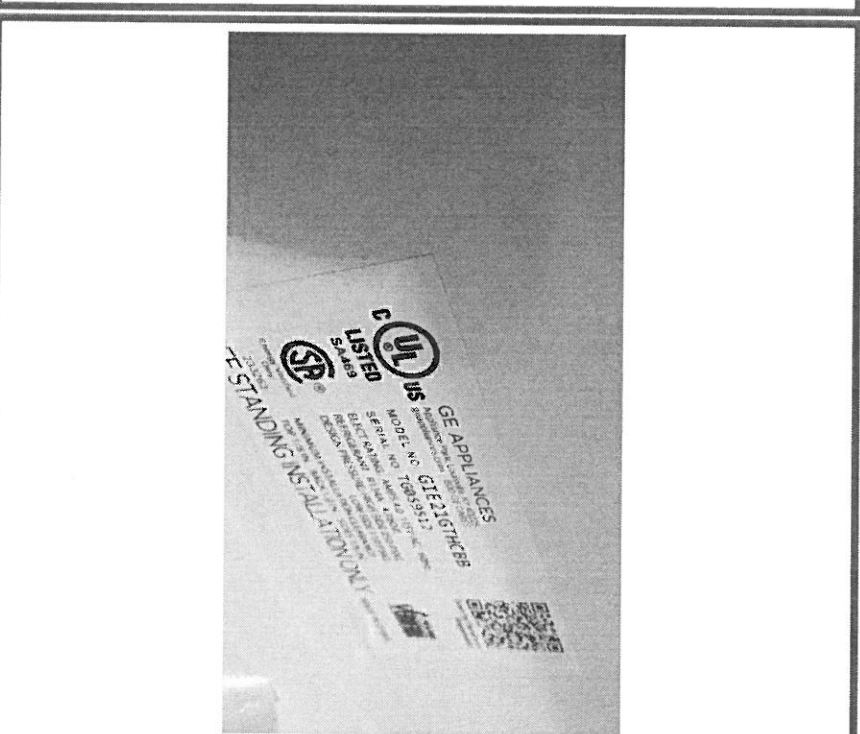
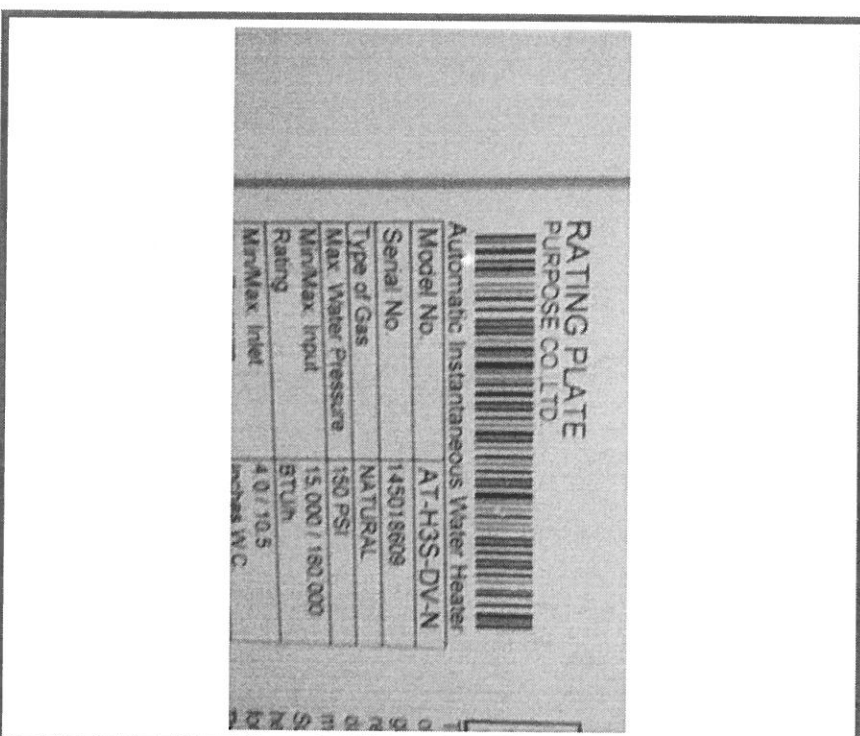
Interior CFL/LED: 90 %

Exterior CFL/LED: 100 %

Garage CFL/LED: 100 %

Inspection Photos







109.01-45
PLUMBING SUBCODE
TECHNICAL SECTION



MECH PERMIT

Date Received
Control #
Date Issued
Permit #

11-1-16
36861
2016-2847

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

Block 109.01 Lot 45 Qualification Code _____

Work Site Location 18 Harvest Ridge Rd
Howell, N.J. 07731

Owner in Fee: _____

Tel. (____) _____ e-mail K. Hovnanian @ Howell II, LLC
Tel #732-620-8422

Address _____
street _____ municipality 47 Harvest Ridge Road, Howell, NJ 07731 zip code _____

Contractor: _____ Builders Reg # 046420 (- Exp Date - 12/31/17)

Address F&W Mechanical & Plumbing, LLC Fed Emp ID _____ Fax # 732-202-8840

1920 Swarthmore Avenue

Lakewood, NJ 08701

Contractor License No. PH# 866-587-7496 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): FAX# 732-364-3100

Federal Emp. ID No. LIC# 10315 FED ID# FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed R-5

Building Sewer Size 3" Public Sewer ☒ Private Septic _____

Water Service Size 1" Public Water ☒ Private Well _____

Est. Cost of Plumbing Work \$ 9,800.00

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: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 4-27-17

Approved by: ALL

INSPECTIONS	Dates (Month/Day)			
	Failure	Failure	Approval	Initial
Type:				
Slab			<u>11-18-16</u>	<u>ju</u>
Rough			<u>1-11-17</u>	<u>ju</u>
Water			<u>11-18-16</u>	<u>ju</u>
Sewer			<u>11-18-16</u>	<u>ju</u>
Fixtures				
Gas Equipment				
Gas Piping			<u>1-11-17</u>	<u>ju</u>
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			<u>4-19-17</u>	<u>ju</u>

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

Barbuda

QTY.

3

1

4

1

2

2

1

1

1

2

1

5

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater Tankless

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

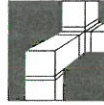
FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



MECHANICAL INSPECTOR TECHNICAL SECTION



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

Block 109.01 Lot 45 Qualification Code _____

Work Site Location 18 Harvest Ridge Rd. Howell, NJ 07731

Owner in Fee: _____

Tel. (____) _____

Address _____ street _____

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

DELTA TOP PA, INC. 2055 PALMONT AVE, HUNTINGTON VALLEY, PA 19006

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: 815 938-1437

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 ☐ Replacement

Type: ☐ Hydronic ☒ Hot Air

Fuel Type: ☒ Gas ☐ Oil ☐ Electric ☐ Solar ☐ Other _____

Estimated Cost of Mechanical Work \$ 9855.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		DATES	
☐ No Plans Required		Type:	Failure	Failure	Approval
☐ Mechanical Plans Approved		Gas Piping	_____	_____	_____
Date: _____ Approved by: _____		Appliance	_____	_____	_____
Joint Plan Review Required:		Chimney/Vent	_____	_____	_____
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Fire.		Oil Piping	_____	_____	_____
☐ Elev.		Oil Tank	_____	_____	_____
SUBCODE APPROVAL for PERMIT		LPG Tank	_____	_____	_____
Date: _____		Hydronic Piping	_____	_____	_____
Approved by: _____		Fireplace	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Chimney Cert.	_____	_____	_____
☐ CA ☐ CCO		Other <u>FINAL</u>	_____	_____	_____
Date: <u>4-27-17</u>					<u>4-27-17</u>
Approved by: <u>ALL</u>					<u>gno</u>

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: Karl Voetsch John Gross

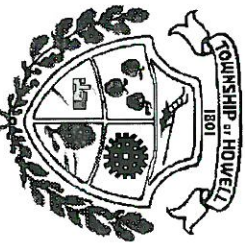
Print name here: ADAM GROSSMAN

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

HVAC FOR SFD

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Heater	\$ _____
_____	Fuel Oil Piping Connections	_____
_____	Gas Piping Connections	_____
_____	Steam Boiler	_____
<u>1</u>	Hot Water Boiler	_____
_____	Hot Air Furnace	_____
_____	Oil Tank	_____
_____	LPG Tank	_____
<u>1</u>	Fireplace	_____
_____	Other <u>A-COIL</u>	_____
Administrative Surcharge \$		_____
Minimum Fee \$		_____
State Permit Surcharge Fee \$		_____
TOTAL FEE \$		_____



TOWNSHIP OF HOWELL

Engineering and Utilities Division

4567 Route 9 North

PHONE (732) 938-4500

Post Office Box 580

FAX (732) 414-3243

Howell, NJ 07731-0580

NOTICE TO PROCEED

ALL APPROPRIATE SEWER APPROVALS AND FEES HAVE BEEN
RECEIVED BY THE TOWNSHIP OF HOWELL

PROJECT NAME: FOUR SEASONS AT MONMOUTH WOODS (a.k.a HARVEST RIDGE)

LOCATION: 18 HARVEST RIDGE ROAD

CASE NO: SD-2950/SP-946

BLOCK: 109.01

LOT: 45

PROJECT DESCRIPTION: CONSTRUCTION OF A NEW SANITARY SEWER LATERAL TO BE
CONNECTED TO A TOWNSHIP SANITARY SEWER CLEAN OUT AT THE LOCATION
REFERENCED ABOVE.

- CONDITIONS: 1) MRRSA Approvals and Fees
2) All Plumbing Permits
3) Subject to Approved Plans
4) NJDEP and Howell Sanitary Sewer Rules and Regulations

William H. Nunziato
William H. Nunziato, PE, PP, CME
Utilities Director

Date

10/13/16

THE ABOVE SITE HAS CONNECTED TO THE TOWNSHIP'S SANITARY SEWER SYSTEM

THE SEWER LINE INSTALLED TO THE CURB LINE HAS BEEN INSPECTED AND APPROVED.

PLUMBING
INSPECTOR:

(signature)

(print name)

DATE: *11/18/16*

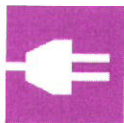
Cc: Denise Delle Chiaie Sewer Dept.: via email
John Barrett, Utilities Forman: via email
Allen Gaester, Plumbing Sub Code Official: via email
Brian Brach, Executive Director, MRRSA : via email

Copy to TMS - 11-18-16

109.01 - 45



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 109.01 Lot 4/5 Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____

Address _____

street

Contractor: _____

Address _____

Contractor License No. _____

Exp. Date _____

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

Federal Emp. ID No. _____

FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____

Proposed R-5

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

Building Occupied as Single Family Utility Co. JCP&L DR# 33/318439

Est. Cost of Elec. Work \$ 3470.00

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: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] GCO [] CA

Date: 4-19-17

Approved by: _____

INSPECTIONS

Type:

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Dates (Month/Day)

Failure

Failure

Approval

Initial

1-24-17

JK

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY

SIZE

ITEMS

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/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Irrigation/Rain Sensor

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Howell Township
Building Department (732) 938-4500
EXT 2115



DR/UR # 331318439

CUT-IN-CARD

MUNICIPALITY Howell Township

LOCATION 18 HARVEST RIDGE ROAD UTILITY CO jcp

Howell Township, NJ BLK 109.01 LOT 45

OWNER TIMBER RIDGE AT HOWELL LLC OCCUPANT TIMBER RIDGE AT HOWELL LLC

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

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200

INSTALLED BY MAC ELECTRICAL CONTRACTORS, INC. LICENSE NO 34EB00849200

DATE 1/24/2017 PERMIT # 20162847 INSPECTOR James Kaiser

☒ FAXED IN 1/24/2017 Lic. No: 010063



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 109.01 Lot 45 Qualification Code _____

Work Site Location 18 Harvest Bridge Rd. Howell, NJ

Owner in Fee: _____

Tel. _____ e-mail _____

Address _____

Contractor: _____

Address _____

Address _____

Address _____

Address _____

Address _____

Address _____

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Address _____

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/Contractor _____

sign here: _____

Print name _____

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
[] System	_____	_____
[x] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	<u>2</u>	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices <u>Smoke/CO</u>	<u>2</u>	_____
TOTAL	<u>4</u>	_____
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 <u>DRYER VENT</u>	<u>1</u>	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances [x] Gas [] Oil [] Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other <u>FURNACE/WH/STOVE/DRYER</u>	<u>4</u>	_____

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed R-5

Constr. Class: Present _____ Proposed 5B

Heating System: [x] New OR [] Modification to Existing

OR [] Conversion OR [] Replacement

Fuel Type: [x] Gas [] Oil [] Electric [] Solar

[] Other _____

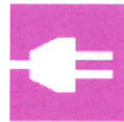
Location: _____

Total Cost of Fire Protection Work \$ 400.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type:	Failure	Failure	Approval
[] No Plans Required		_____	_____	_____	_____
[] Partial -Underslab Utilities Approved		_____	_____	_____	_____
Date: _____ Approved by: _____		_____	_____	_____	_____
[] Fire Protection Plans Approved		_____	_____	_____	_____
Date: _____ Approved by: _____		_____	_____	_____	_____
Joint Plan Review Required:		_____	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Elev.		_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT		_____	_____	_____	_____
Date: _____		_____	_____	_____	_____
Approved by: _____		_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		_____	_____	_____	_____
[x] CO [] CO ₂ [] QA		_____	_____	_____	_____
Date: <u>4/20/17</u>		_____	_____	_____	_____
Approved by: _____		_____	_____	_____	_____



ELECTRICAL SUBCODE TECHNICAL SECTION



GUARDIAN PROTECTION SERVICES

Date Received
Control #
Date Issued
Permit #

1-4-17

37309

20162847+A

Jack Roberts

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

Block 107.01 Lot 45 Qualification Code _____

Work Site Location 18 Harvest Ridge Rd. Howell, NJ 07731

Owner in Fee: _____ K. Hovnanian @ Howell II, LLC
Tel #732-620-8422

Tel. _____ Email - K. Voetsch@khov.com
e-mail 18 Harvest Ridge Road, Howell, NJ 07731

Address _____ Contractor Same as above
Builders Reg # 046420 Exp Date 12/31/
Fed Emp ID _____ Fax # 732-202-8840

Contractor: Guardian Protection Services Tel. 215 967-4550

Address 11 Penns Trail, Suite 400, Newtown, PA 18940 e-mail philsched@gpsx.net

Contractor License No. 34BA00136100 Exp. Date _____

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

Federal Emp. ID # _____ FAX: 215 497-0137

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 190.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

installation of phone/cable

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/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

6
8
-
6

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: 12-21-10

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[] CO [] CCO [] CA

Date: 4-19-17

Approved by: _____

INSPECTIONS

Type:

Rough

Barrier-Free

Trench

Temp. Serv.

Constr. Serv.

TCO

Other

Service

Final

Barrier-Free

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding

Certification

Dates (Month/Day)

Failure

Failure

Approval

Initial

1-24-17

4-19-17

JK

JK

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.

WHITE: Inspector YELLOW: Office PINK: Office GOLD: Applicant

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)

4000 Kozloski Road, P.O. Box 5033
Freehold, New Jersey 07728-5033
Tel: (732) 683-8500
Fax: (732) 683-9140
E-mail: info@freeholdscd.org
Website: www.freeholdsoil.org

REPORT OF COMPLIANCE

This certifies that the Soil Erosion and Sediment Control measures to the extent indicated comply with the Soil Erosion and Sediment Control Plans as certified by the Soil Conservation District pursuant to Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et seq.)

Municipality: HOWELL

Project Name: HARVEST RIDGE AT HOWELL

SCD Application No: 2010-0480

Block(s): 109.01

Lot(s): 45

Street Address: 18 Harvest Ridge Road

 X **CONDITIONAL COMPLIANCE***
(CRC)

 REPORT OF COMPLIANCE – NO CONDITIONS
(ROC)

Date: May 3, 2017

Signature of District Official:

Conditions

1. Continued compliance and establishment of permanent vegetative cover.

FINAL REPORT OF COMPLIANCE

(Invalid if checked in addition to the CRC and/or ROC boxes unless authorized by district official)

Date:

Signature of District Official:

DISTRIBUTION: WHITE – Municipal Construction Official CANARY – Developer PINK/GOLD - District



APPLICATION FOR CERTIFICATE

Permit # 20160847
Date Issued

5-1-17

Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 18 Harvest Ridge Rd. Block 109.01 Lot 45 Qualification Code _____
Howell, NJ 07731

Owner in Fee	<u>K. Hovnanian @ Howell II, LLC</u>	Contractor	<u>Same as Owner</u>
	Email - <u>K. Voetsch@khov.com</u>	Address:	
Address	<u>47 Harvest Ridge Road, Howell, NJ 07731</u>	License No.	
	Contractor - Same as above		Tel. ()
	Builder's Reg. # <u>0466420</u> - Exp. Date - <u>12/31/</u>	Federal Employee No.	
	Fed Emp ID <u>[REDACTED]</u> Fax # <u>732-202-8840</u>		
Tel. ()			

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous R-5 Current _____
FINAL COST OF CONSTRUCTION: \$ 143,375.00
(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.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

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

DESCRIPTION OF WORK/USE:

Barbada, (Base) 2 Bedrooms, 2 Baths
2 car Fr-on) Entry Garage Lefo
Floor AS

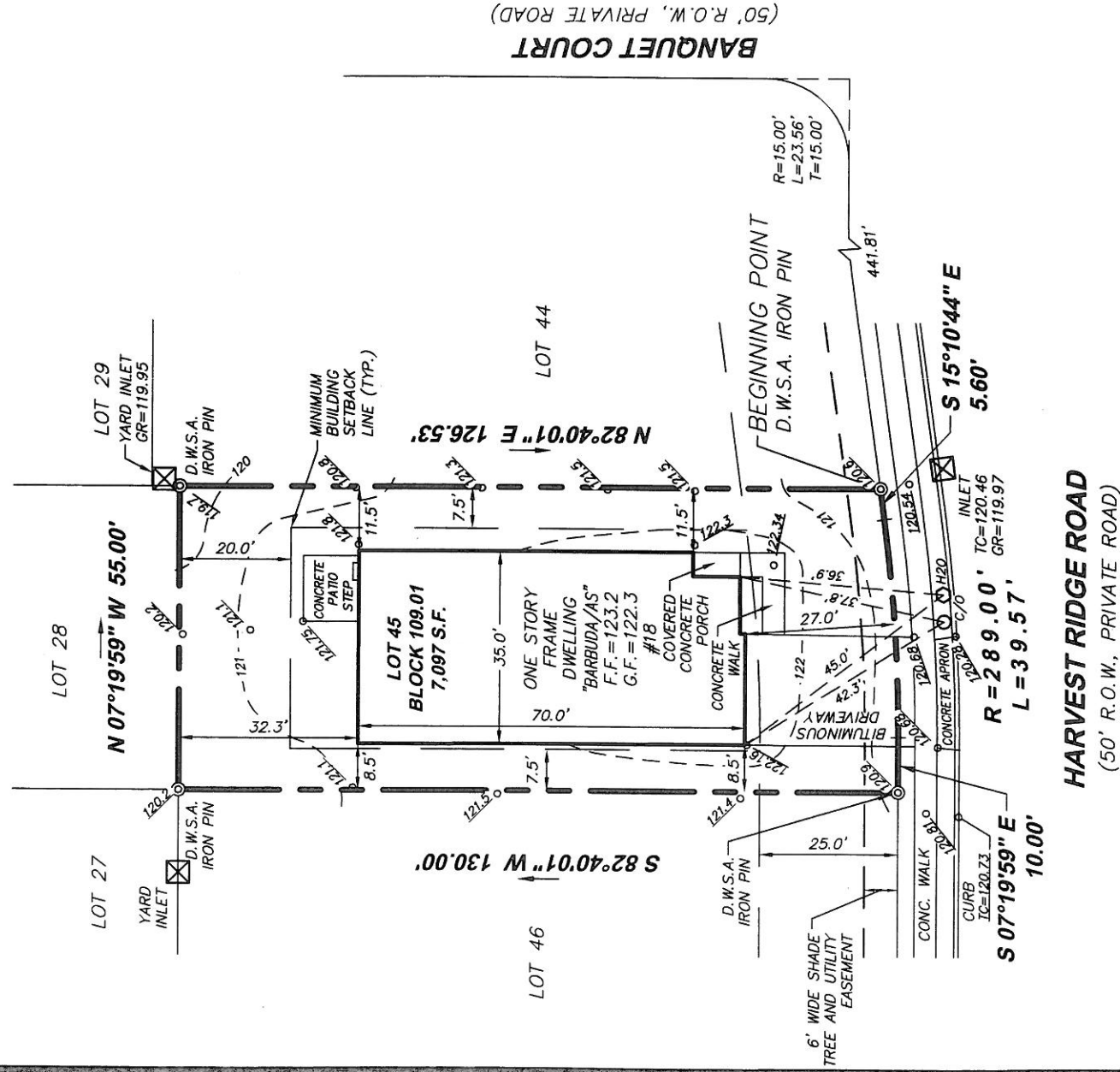
I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____

OWNER/AGENT

☐ OWNER

☒ AGENT



DEED DESCRIPTION:
THE ABOVE PREMISES BEING KNOWN AND DESIGNATED AS LOT 45, BLOCK 109.01 AS SHOWN ON A CERTAIN MAP ENTITLED "FINAL PLAT - MAJOR SUBDIVISION FOR HARVEST RIDGE AT HOWELL, PHASE 1A & 1B, LOTS 57-59, 65 & 66 BLOCK 105, LOT 1 BLOCK 106, TOWNSHIP OF FREEHOLD, MONMOUTH COUNTY, NEW JERSEY, LOTS 3-5 BLOCK 136, LOTS 40.01, 43, 47-53 BLOCK 109, TOWNSHIP OF HOWELL, MONMOUTH COUNTY, NEW JERSEY" DATED SEPTEMBER 25, 2013, LAST REVISED JULY 10, 2014. FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON DECEMBER 8, 2014 AS CASE No. 314 SHEET 1 OF 4.

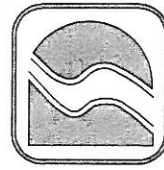
NOTES:

1. UNDERGROUND IMPROVEMENTS AND/OR UNDERGROUND ENCROACHMENTS, IF ANY, ARE NOT SHOWN HEREON.

This survey is certified to:

K. HOVNANIAN AT
MONMOUTH WOODS

and to all other current parties of interest.



DW Smith
Associates, LLC
Engineering

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ENGINEERS ▴ PLANNERS ▴ SURVEYORS
ENVIRONMENTAL SERVICE ▴ LANDSCAPE ARCHITECTS
COMMUNITY ASSN. SERVICES
NJ CERTIFICATE OF AUTHORIZATION 24GA28122400

FINAL LOCATION SURVEY
TAX MAP

LOT 45 BLOCK 109.01

TOWNSHIP OF HOWELL
MONMOUTH COUNTY, NEW JERSEY

Thomas J. Murphy
THOMAS J. MURPHY
PROFESSIONAL LAND SURVEYOR
N.J. P.L.S. No. 24GS03720700

JOB No.	13-327FS
DATE	APR. 27, 2017
SCALE	1"=30'
DESIGN	T.J.M.
DRAWN	C.A.K.
CHECKED	E.M.
PAGE	1 OF 1

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Kath
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DATE RECEIVED: 5/4/2017 INSPECTION REQUESTED BY: *RE: 150A*
CASE NUMBER: 5D-2950 DEVELOPMENT: Harvest Ridge
BLOCK: 109.01 LOT: 45 SECTION: 18 Harvest Ridge, PD

DATE RECEIVED: 5/4/2017 INSPECTION REQUESTED BY: *RE: 150A*
CASE NUMBER: 5D-2950 DEVELOPMENT: Harvest Ridge
BLOCK: 109.01 LOT: 45 SECTION: 18 Harvest Ridge, PD

DATE RECEIVED: 5/4/2017 INSPECTION REQUESTED BY: *RE: 150A*
CASE NUMBER: 5D-2950 DEVELOPMENT: Harvest Ridge
BLOCK: 109.01 LOT: 45 SECTION: 18 Harvest Ridge, PD

1. STREET RIGHT-OF-WAY:
 - (a) Graded - Shoulder and/or Walk Area
 - (b) Curb
 - (c) Sidewalk
 - (d) Driveway Apron
 - (e) Drainage Facilities
 - (f) Pavement (Base or Wearing Surface)
 - (g) Construction Debris Removed

- ## 2. LIGHTING INSTALLED OPERATIONAL:

3. TRAFFIC CONTROL DEVICES:
- (a) Sign (s) Traffic Control
 - (b) Sign (s) Street
 - (c) Sign (s) Handicap
 - (d) Marking (s) Pavement - Stop Lines
 - (e) Fire Lane

4. SCREENING, FENCE (S) & LANDSCAPING:
- (a) Topsoil
 - (b) Fertilizing & Seeding (Stabilized)
 - (c) Shade Tree
 - (d) Shrubs
 - (e) Trash Screening
 - (f) Screening (Fence or Plantings)

5. SOIL EROSION & SEDIMENT CONTROL:
 (a) Compliance - Certified Plan
 (b) Site Conditions - Field Observation

6. DRIVEWAY:
- (a) Surface Pavement
 - (b) Base Pavement
 - (c) Aggregate
 - (d) Side Entry (min. 30' from garage including turnaround)

7. SITE GRADING:
(a) As-built Grading Plan demonstrating positive drainage, and variation from approved plan.

- (b) Retaining Walls
8. GENERAL CLEANUP:
- (a) Lot
- (b) Adjoining buffer, open space, conservation area and, lots

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: ok for land use (MP) 5/8/2017

INSPECTOR Paula Pardo DATE 5-5-17

ENGINEER/STAFF [Signature] 5/9/2017

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