BLOCK 170.02 LOT 7 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 350 Peter Fenn dr
2. Name of Owner in Fee: Toll NJ XI L.P. Tel. ([redacted]
   Address 303 Peter Fenn dr
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Toll NJ XI L.P. Tel. (732) 294-1400
   Address 303 Freehold NJ
   License No. OR, if new home, Builder Reg. No. 024947 Exp. Date _____
   Federal Employee No. _____ FAX: (_____)
5. Architect or Engineer Toll Architecture Tel. (215) 938-8000
   Address 3103 Philmont Ave
6. Responsible Person in Charge of Work JOSEPH Ambrose
   Tel. (732) 294-1400 FAX (732) 294-0290

Sign

SFD

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee			
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	2	
2. Height of Structure	35 ft.	
3. Area — Largest Floor	3930 sq. ft.	
4. New Building Area	4211 sq. ft.	
5. Volume of New Structure	55 782 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	10,000 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

		Est. Cost
1.	☐ Minor Work	
2.	☒ New Building	
3.	☐ Addition	
4.	☐ Alteration	
5.	☒ Fire Protection	
6.	☒ Plumbing	
7.	☒ Electrical	
8.	☐ Elevator Devices	
9.	☐ Asbestos Abat. Subch. 8	
10.	☐ Lead Hazard Abatement	
11.	☐ Demolition	
	TOTAL COSTS	110,000

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			1/18/09	GB			
			1/22/09	AC			

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS HW-B 10514156

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date 1/17/07

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

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

( ) Check if contractor.

Agent Name Joseph Ambrose

Address 303 Kefer Farms Dr

Freehold NJ

Telephone (732) 294-1407

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

Date Issued 9-14-01
Control #
Permit # 01-0083

CERTIFICATE

IDENTIFICATION

Block 170.02 Lot 7
Work Site Location 350 Peter Forman Dr
Howell, NJ 07731
Owner in Fee/Occupant Tolland XI L.P.
Address 303 Peter Forman Dr
Freehold, NJ 07728
Tele. ( ) 294-1400
Contractor
Address Same

Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No. 0249847
Federal Emp. No.

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

Completion and approval of construction of single family dwelling Philmont Model

(55782 c.f.)
(4211 s.f.)

☒ **CERTIFICATE OF OCCUPANCY**

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

☐ **CERTIFICATE OF APPROVAL**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

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

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

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

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

Edward S. Mack
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

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

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

APPLICATION FOR CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Permit Issued
Control #
Permit #
Date Applied

IDENTIFICATION

Block 170.02 Lot 7
Work Site Location 350 Peta Farms Dr Freehold
Owner in Fee Dillard XI L.P.
Address 383 Peta Farms Dr Freehold
Tele. (732) 294-1400

Contractor Same
Address
Tele. ( )
Lic. No. 024947
Federal Emp. No.
or Social Security No.

ACTION

☐CERTIFICATE OF OCCUPANCY
☐CERTIFICATE OF CONTINUED OCCUPANCY ☐CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF COMPLIANCE ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
USE GROUP Previous Current

FINAL COST OF CONSTRUCTION: $ 110,000
(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:

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

DESCRIPTION OF WORK/USE:
new Dwelling
Phase 1

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 or Compliance will be completed by the date on the Certificate.

SIGNED
owner/agent

☐Owner
☒Agent

U.C.C. Form F-270B

CONSTRUCTION PERMIT

Date Issued 1-26-01
Control #
Permit # 01-0083

IDENTIFICATION Block 1170.02 Lot 7
Work Site Location 350 Peter Farms Dr
Owner in Fee Tollrd XI L.P.
Address 393 Peter Farms Dr Freehold
Tel. (732) 294-1400

Contractor Same
Address 2
Tel. ( )
Lic. No. or Bldrs. Reg. No. 024547
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Philmont Williamsburg (4211SF 55782CF)
001, 019, 023, 032

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 $ 110,000

EM (SM)
Construction Official

Date

PAYMENTS (Office Use Only)

Building	1004-
Electrical	273.00
Plumbing	370.00
Fire Protection	157.00
Elevator Devices	
Other SURVEY	10-
DCA Training Fee	89-
Cert. of Occupancy	20-
Other	
Total	1,923.00
Check No.	08107773
Cash	
Collected by	1/26/01 SM

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR GOLD - APPLICANT

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued

Control #

Permit #

Date Permit Issued

IDENTIFICATION Block 170.02 Lot 7

Work Site Location 350 [illegible]

Contractor Same

Address

Owner in Fee [illegible]

Address 362 [illegible]

[illegible]

Tele. (___) ______

Lic. No. or Bldrs. Reg. No. [illegible]

Tele. (732) 794-1400

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] Other

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Expanded Kitchen

100 sq Ft. 900 Cu. Ft.

Estimated Cost of Work $ 1000.—

[illegible signature]

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	[illegible]
Check No.	[illegible]
Cash	
Collected By:	[illegible]

U.C.C. Form F-190A

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

PRO 111

Bradle...

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT UPDATE

Date Update Issued

Control #

Permit #

Date Permit Issued

IDENTIFICATION Block 170.02 Lot 7

Work Site Location 350 ...

Owner in Fee ...

Address 3?3 ...

...

Tele. (7??) 194-14??

Contractor ...

Address

Tele. ( )

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

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] Other

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Expanded Kitchen

100 sq Ft. 900 Cu. Ft.

Estimated Cost of Work $ 1000.—

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY PRO 111

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

Bridle Path

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1-26-01
Date Issued
Control #
Permit # 01-0083

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

Block 170.02 Lot 7
Work Site Location 350 Peter Forman Dr Freehold
Owner in Fee Toll Bros XI L.P.
Address 303 Peter Forman Dr Freehold NJ
Tele. (732) 294-1400
Contractor SAME
Address
Tele. ( ) Fax (732) 294-0290
Lic. No. or Bldrs. Reg. No. 024947
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Phase Williamsburg
001 - 3 car
019 - 2nd Floor Family Room GB
023 - expand Family Room GB
032 - elite Add Area

3/16/01 GB

Need update on option 800 GK

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1/18/01	GB
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9/12/01
Approved by: RJ Dalton

INSPECTIONS Type:	Failure	Failure	Approval (Month/Day)	Initial
Footing	2/13/01		3/16/01	PJO
Foundation			3/16/01	PJO
Slab Base			5/4/01	CG
Frame	6/28/01	7/5/01	7/11/01	PJO
Barrier-Free				
Insulation			7/18/01	CG
Finishes				
Energy GAR. SLAB			5/10/01	CG
Mechanical				
Rough Sheath	3/8/01		5/11/01	ECT
Other Pool Steps			9/4/01	PJO
Final	9/14/01		9/12/01	CG
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed R-3
Constr. Class	Present	Proposed 5-B
No. of Stories	2	
Height of Structure	35	Ft.
Area — Largest Floor	3930	Sq. Ft.
New Bldg. Area/All Floors	4211	Sq. Ft.
Volume of New Structure	55782	Cu. Ft.
Total Land Area Disturbed	10,000	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 110,000
2. Alteration $ —
3. Total (1+2) $ 110,000

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

[ ] Demolition

FEE (Office Use Only)

	$
	1004
Administrative Surcharge	$
Minimum Fee	$ 89
DCA Training Fee	$
TOTAL FEE	$

Check # 08107773

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

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

2/13/01 Need update Before Foundation pro

OK to pour

SHEATHING NOT NAILED IN SEVERAL SPOTS

SHEATH NOT NAILED PROPERLY ON BOTTOM & 2ND FLOOR BOX

WINDOWS MISSING 5/8/01 F.

ROOF APPLIED

9/10/01 Weep holes to left of Front Door Below Grade (OK)

/30 Hand rail Grade 39" high (OK)

Ridge vent missing Fire Roof to Right (OK)

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1-26-01
Date Issued
Control #
Permit # 01-0083

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

Block 170.02 Lot 7
Work Site Location 350 Peter Farm dr Freehold
Owner in Fee Tolland XI L.P.
Address 303 Peter Farm dr Freehold NJ
Tele. (732) 294-1400
Contractor SAME
Address
Tele. ( ) Fax (732) 294-0190
Lic. No. or Bldrs. Reg. No. 024947
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	1/26/01	GB
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed R-3
Constr. Class	Present	Proposed 5-B
No. of Stories		2
Height of Structure		35 Ft.
Area — Largest Floor		3930 Sq. Ft.
New Bldg. Area/All Floors		4211 Sq. Ft.
Volume of New Structure		55782 Cu. Ft.
Total Land Area Disturbed		10,000 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 110,000
2. Alteration $ —
3. Total (1+ 2) $ 110,000

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Apartment
Williamsburg
001
019
023
032

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

[ ] Demolition

FEE (Office Use Only)

	$
	1004
Administrative Surcharge	$
Minimum Fee	$ 84
DCA Training Fee	$
TOTAL FEE	$

Check # 08107773

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1-26-01
Date Issued
Control #
Permit # 01-0083

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

Block 170.02 Lot 7
Work Site Location 350 Peter Fahrenz dr
Freehold
Owner in Fee/Occupant Tallard XI L.P.
Address 303 Peter Fahrenz dr
Freehold NJ
Tele. (732) 294-7400
Contractor AMP Elect.
Address P.O. Box 192
Wickatunk NJ
Tele. (732) 946-0666 Fax (732) 946-0836
Lic. No. 8787
Federal Emp. No. WR# 328505

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Residential Utility Co. GPU
Est. Cost of Elec. Work $ 3500.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 1/18/01
Approved by: C. Pullyn

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 9/13/01
Approved by: C. Pullyn

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough			6-28-01	✓
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	✓		6-26-01	✓
Final	9-10-01		9/13/01	CP

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 6-28-01

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
50		Lighting Fixtures	
66		Receptacles	
43		Switches	
6		Detectors	
		Light Poles	
4		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		Alarm Devices/F.A.C. Panel	
170		TOTAL NUMBERS	$ 65-
		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	
1		KW Elec. Range/Receptacle	10-
1		KW Oven/Surface Unit	10-
		KW Elec. Water Heater	10-
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	
		HP Garbage Disposal	10-
2		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	920
		KW Baseboard Heat	20-
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	46-
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Well Pump	10-
1		Sep. Pump	10-
			23-

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

Check #08107773

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

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

9-10-20

1) UPSTAIRS SPARE RM WITH ITS OWN BATHRM. OUTLET HAS OPEN GROUND.

2) LIV RM. OUTLET HAS REV POLARITY

3) NEED 2ND OUTLET AT END OF UP HALL.

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1-26-01
Date Issued
Control #
Permit # 01-0083

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

Block 170.02 Lot 7
Work Site Location 350 Peter Farms dr
Freehold
Owner in Fee/Occupant Tolland XI L.P.
Address 303 Peter Farms dr
Freehold NJ
Tele. (732) 294-1400
Contractor AMP Elect.
Address P.O Box 192
Wickatunk NJ
Tele. (732) 946-0666 Fax (732) 946-0836
Lic. No. 8787
Federal Emp. No. WR# 328505

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Residential Utility Co. GPU
Est. Cost of Elec. Work $ 3500.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 1/18/01
Approved by: C. Bullpin

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
50		Lighting Fixtures	
66		Receptacles	
43		Switches	
6		Detectors	
		Light Poles	
4		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
1		Alarm Devices/F.A.C. Panel	
170		TOTAL NUMBERS	$ 65—
		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	
1		KW Elec. Range/Receptacle	10—
1		KW Oven/Surface Unit	10—
		KW Elec. Water Heater	10—
		KW Elec. Dryer/Receptacle	
1		KW Dishwasher	
		HP Garbage Disposal	10—
2		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	920
		KW Baseboard Heat	20—
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service	46—
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Well Pump	10—
1		Sep. Pump	10—
			23—

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

Check # 08107773

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

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1-26-01
Date Issued
Control #
Permit # 01-0083

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

Block 170.02 Lot 7
Work Site Location 350 Peter Freeman Dr
Freehold
Owner in Fee Tollgate XI LP
Address 303 Peter Freeman
Freehold N.J.
Tele. (732) 294-1405
Contractor Same
Address 2
Tele. ( ) Fax (732) 294-0290
Lic. No. 024947
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R3
Constr. Class Present ____ Proposed ____
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: BASEMENT
Total Cost of Fire Protection Work $ 1000.

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: ____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 1-11-01
Approved by: ____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-13-01
Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
~~Smoke Control~~			7-30-01	RH
TCO				
Final			9-13-01	JAR
Other Flame	6-25-01	Fire	Blocking	

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Check # 0810773

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Phalmont Williamsburg

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [X] 110v Interconnected [ ] System		
Alarm Devices (i.e. smoke heat, pulls, water/flow)	6	36.-
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other FIREPLACE		25.-
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances (2)	5	10.-
Other Cooktop - w/Hood - 2 Furnace 1 FP		

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ ____

U.C.C. F140
(rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1-26-01
Date Issued
Control #
Permit # 01-0083

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

Block 170.02 Lot 7
Work Site Location 350 Peter Freeman Dr
Freehold
Owner in Fee Tollman XI LP
Address 303 Peter Farms
Freehold - J.
Tele. (732) 294-1405
Contractor SAME
Address
Tele. ( ) Fax (732) 294-0290
Lic. No. 024947
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed R3
Constr. Class Present ____ Proposed ____
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location: BASEMENT
Total Cost of Fire Protection Work $ 1000.-

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 2-11-01
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Check # 08107773

U.C.C. F140
(rev. 3/96)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Piedmont Williamsburg

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [X] 110v Interconnected [ ] System		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	6	36.-
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other FIREDIALE		25.-
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances (27)	5	90.-
Other Canopy - w/Hoods - 2 Furnace 1 FP		

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 1-26-01
Date Issued
Control #
Permit # 01-0083

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

Block 170.02 Lot 7
Work Site Location 350 Peter Fuhrman dr Freehold NJ
Owner in Fee Tolland XI L.P.
Address 303 Peter Fuhrman dr Freehold NJ
Tele. (732) 294-1400
Contractor Independent
Address P.O. Box 428 Perrineville
Tele. (732) 792-1098 Fax ( )
Lic. No. 9547
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" Public Sewer Private Septic ✓
Water Service Size 1 Public Water Private Well ✓
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 1/22/01
Approved by: Allan Gastel

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 9/12/01
Approved by: Allan Gastel

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			6/28/01	
Water				
Sewer ?				
Fixtures				
Gas Equipment				
Gas Piping			6/28/01	
Solar				
TCO				
Final	9/10/01		9/12/01	

↳ Lost Water pressure.

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	$ 40
	Urinal/Bidet	
2	Bath Tub	20
6	Lavatory	60
1	Shower	10
	Floor Drain	
1	Sink	10
1	Dishwasher	10
	Drinking Fountain	
1	Washing Machine	10
2	Hose Bibb	20
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	60
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	65
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection Septic	65
1	Water Service Connection Well	
	Stacks	
	Other	
	Other	
6	Other Vents	

Administrative Surcharge	$	370
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

15/50 Check # 08107773

U.C.C. F130 (rev 3/96)

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

9/10/01 - ① Leak on gas connector to stove towards gas cock
② Hall bathroom missing tile along floor.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1-26-01
Date Issued
Control #
Permit # 01-0083

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

Block 170.02 Lot 7
Work Site Location 350 Peter Farms dr
Freehold NT
Owner in Fee Tolland XI L.P.
Address 303 Peter Farms dr
Freehold NT
Tele. (732) 294-1400
Contractor Independent
Address P.O. Box 428
Red Mantle
Tele. (732) 792-1098 Fax ( ) _____
Lic. No. 9547
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic ✓
Water Service Size 1 Public Water _____ Private Well ✓
Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 1/22/01
Approved by: Allen Hartel

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	$ 40
	Urinal/Bidet	
2	Bath Tub	20
6	Lavatory	60
1	Shower	10
	Floor Drain	
1	Sink	10
1	Dishwasher	10
	Drinking Fountain	
1	Washing Machine	10
2	Hose Bibb	20
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	60
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	65
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection SEPTIC	65
1	Water Service Connection 4P11	
	Stacks	
	Other	
	Other	
6	Other Vents	

Administrative Surcharge	$	320
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

Check # 08107773

U.C.C. F130 (rev. 3/96)

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

Reinspection

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 8-29-01 INSPECTION REQUESTED BY:

CASE NUMBER: 2576 DEVELOPMENT: Bridal Path

BLOCK: 170.02 LOT: 7 SECTION: 350 Peter Forman

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

RECOMMENDATION (S) AND/OR REQUIRED DOCUMENTATION:

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

____ Meets winter conditions see below for bonding requirements.

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

COMMENTS: 8/29/01 Betty Lou Tex ta OK

M. C Bent 9-13-01 9-13-01

INSPECTOR DATE ENGINEER/STAFF

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

2/96

BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

Permit # 01-0083 Location 1202 Oz/7

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

OK 1) Fire Block Garage two Spots
OK 2) Fireblock B-Vent From Basement
OK 3) ADD 2-2x4's under 3½x9½ Girder
N.O. 4) Header Specs CTC2 Sox option 032
OK 5) Collar Ties to Be 2x10's option 23
N.O. 6) Roof Trusses 16501-1 Braces not marked Lateral
OK 7) Sheet Fireblock At Stories
OK 8) All Hips Framed on Flat (w/o T Brace)
N.O. OK 9) Block Studs Front Hall At Return Cutouts
N.O. 10) 39690 OK & 35691 OK Need Braces 39689 OK, 16251 OK

Check All Roof Trusses will do walk thru with Supe

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 6/28/01 SCO PJO

DO NOT REMOVE THIS TAG

TOWNSHIP of HOWELL

251 Preventorium Road
Post Office Box 580
Howell, New Jersey 07731-0580

(908) 938-4500
FAX (908) 938-4818

TOWNSHIP OF HOWELL

Jean Verrier
Electrical Inspector

251 Preventorium Road
P.O. Box 580
Howell, N.J. 07731

(732) 938-4500 Ext. 2407
Fax (732) 938-6492

CUT-IN-CARD

MUNICIPALITY Howell

LOCATION BRIDLE PATH EST UTILITY CO GPU

350 PETER FORM DR BLK 170.02 LOT 7

OWNER _____ OCCUPANT _____

"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 200Amp OR# 328505

INSTALLED BY Amp Elect LICENSE NO 8787

DATE 6-28-01 PERMIT # 01-0083 INSPECTOR T. VERRIER

☐ CALLED IN / / Lic. No: 6186

U.C.C. Form F-3508 1 WHITE–UTILITY 2 CANARY–OFFICE/FILE 3 PINK–OFFICE/CONTRACTOR

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
New Home Warranty Program
This is to certify that

TOLL LAND XI LIMITED PARTNERSHIP

is a registered builder under the New Home Warranty and Builder Registration Act (N.J.S.A. 46:3B-1 et seq.)

(This registration expires on the date stamped)

Director

2 0 0 7 MAY 31

If at any time a material fact changes, in your registration application on file with us, (i.e. address, phone number, principals/officers, name of business) you are required to file an amended application with this bureau within 30 days of that change.

If you have provided warranties to homes which are in the first two (2) years of coverage, you must maintain a current registration for that period of warranty coverage.

Renewal forms are sent as a courtesy. However it is the builder's responsibility to maintain current registration status. If you have not received your renewal application at least 4 weeks before the expiration date stamped on your card call this office immediately.

Should you have any questions, you may call:

(609) 530-8800

or

(609) 530-8801

HOWELL TOWNSHIP
PLAN REVIEW SHEET

NAME: Bridle Path DATE: 1/22/01

ADDRESS: 350 Peter Forman BLOCK: 120.02 LOT: 2

PLAN REVIEWER: Allen Gaertal S.F.D.

	N/A	NO	YES	
PLUMBING TECH SECTION				
SIGNED: Homeowner	✓			✓
Plumbing Contractor Independent			OK	✓
Sealed			OK	✓
Copy of NJ Plumbers License			OK	✓
Priced		#320	OK	✓
Subcode Signed Off			OK	✓
SCHEMATIC				
DWV			OK	✓
Water Piping	✓			✓
Gas			OK	✓
Type: Natural Gas (✓) LP Gas ( )				
SEWERAGE DISPOSAL				
Public System	✓			✓
M.U.A. Approval	✓			✓
Septic System			OK	✓
M.C. Bd. Of Health Approval		#13009	OK	✓
WATER SERVICE				
Public System	✓			✓
M.U.A. Approval	✓			✓
Size of Service	✓			✓
Private Well			OK	✓
M.C. Bd. Of Health Approval				✓
PLANS				
Fixtures Locations and Clearances			~~	~~
Plans Marked and Signed			~~	~~
PLOT PLAN				
Septic Location			OK	✓
Well Location			OK	✓
Sewer Lateral Connection	✓			✓
Water Service Connection	✓			✓

COMMENTS

PHILMONT WILLIAMSBURG

170.02 (7)

170.02

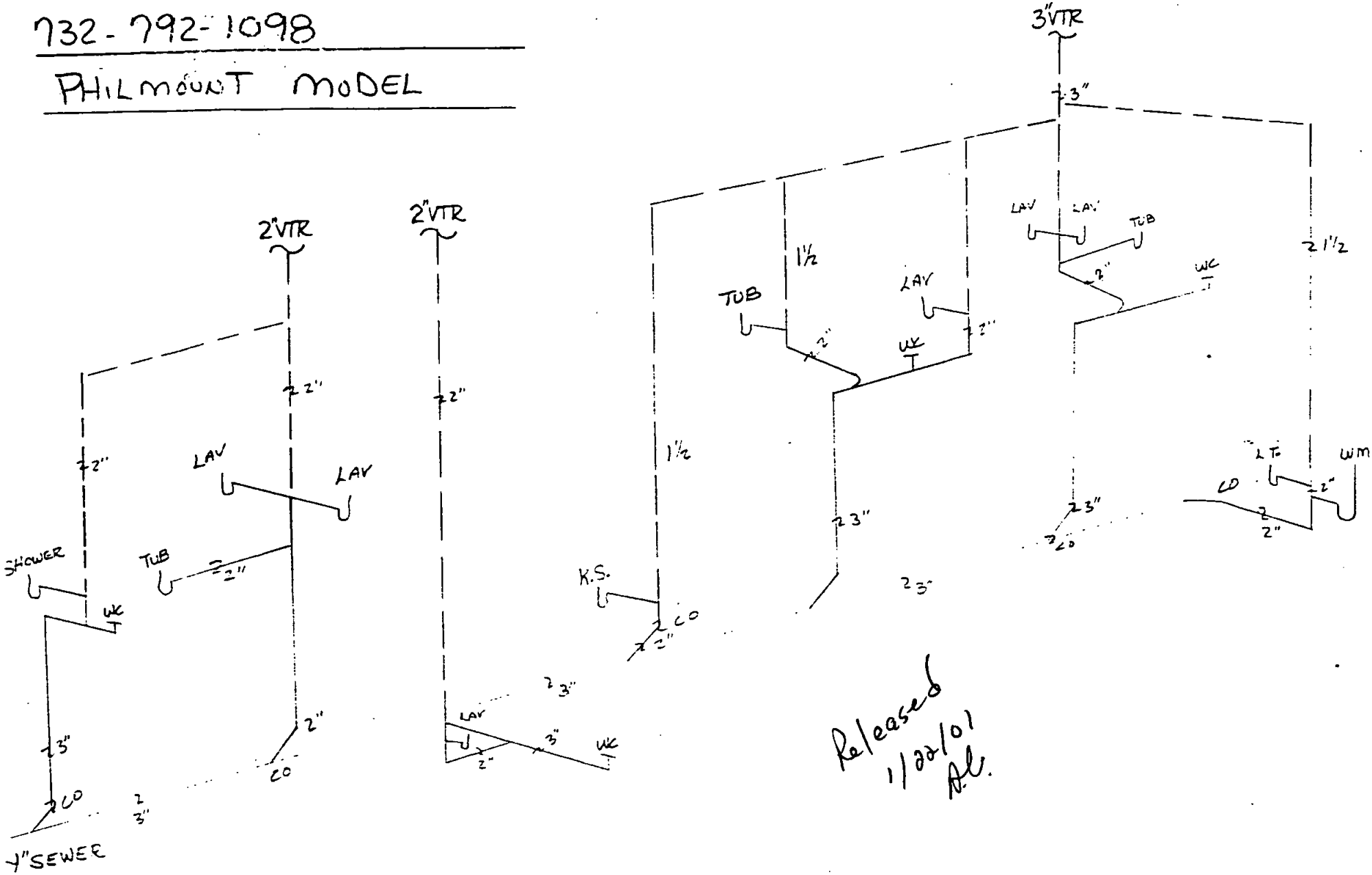
7

INDEPENDENT MECHANICAL L.L.C.

Lic# 9547

732-792-1098

PHILMOUNT MODEL



Released
1/22/01
AL.

Professional Warranty
CORPORATION

P.O. Box 800
Annandale, VA 22003-0800
1-800-850-2799
FAX 1-800-851-2799

CERTIFICATION FORM

FOR USE IN OBTAINING
CERTIFICATES OF OCCUPANCY
FOR PWC
NATIONAL ACCOUNT BUILDERS

MUNICIPALITY:	Howell Twp 1319
BUILDER NAME:	Toll Brothers, Inc.
BUILDER ADDRESS:	3103 Philmont Avenue Huntingdon Valley, PA 19006
NJ DCA REGISTRATION #:	024947
PWC BUILDER PARTICIPATION #:	001-143A
COMMUNITY/ DEVELOPMENT NAME:	Bridle Path Estates
CITY/STATE/ZIP:	Freehold, NJ 07728
COUNTY:	Monmouth

This shall certify that all homes eligible for warranty coverage under the New Home Warranty and Builder's Registration Act and subsequent Department of Community Affairs Regulation, in the municipality identified above, have been or shall be enrolled for warranty/insurance under the Professional Warranty Service Corporation's 10-Year Limited Warranty Program.

This form is validated by the signature of the PWC representative and the PWC seal affixed below and shall be cancelable only upon 45 days written notice to the New Jersey Department of Community Affairs by the Professional Warranty Service Corporation.

Signed: _____

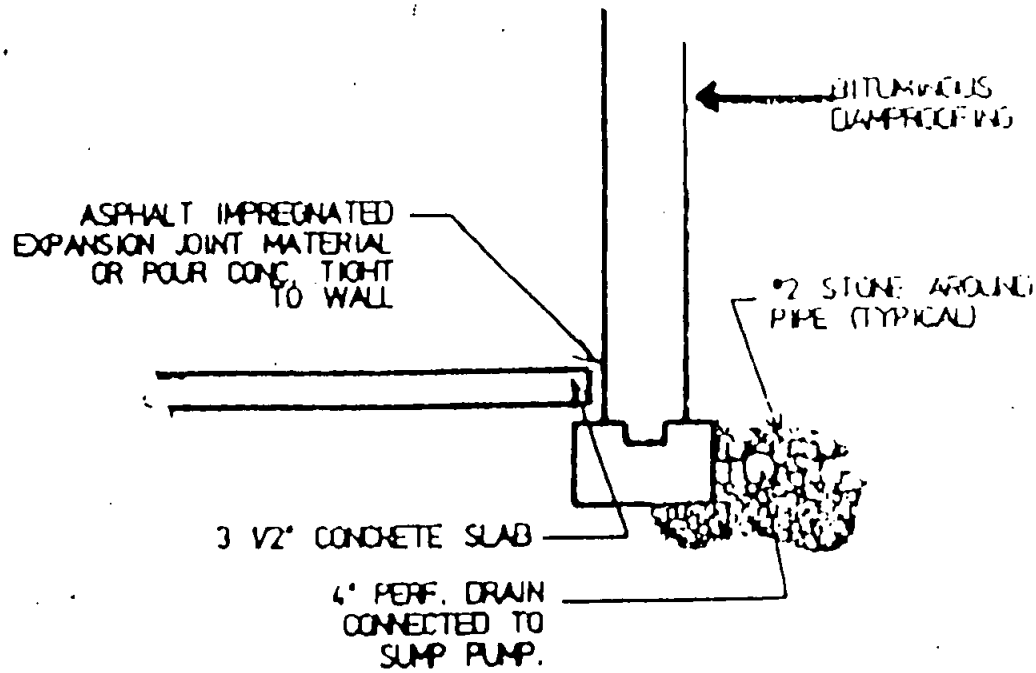
James I. Barnett, Vice President - Operations
Professional Warranty Service Corporation ("PWC")

Date: 06/23/1999

Toll Brothers, Inc.

Quality Homes by Design®

Bridle Path Estates
Howell Township, NJ



EXTERIOR FND. DRAIN

SCALE:

Product Development
449 South Pennsylvania Avenue • Morrisville, PA 19067 • (215) 736-0111
Corporate Office: 3103 Philmont Avenue, Huntingdon Valley, PA 19006
New York Stock Exchange • Symbol TOL

HOWELL TOWNSHIP
ENGINEERING DEPARTMENT

DATE: 12-29-00

ENGR:

ASST ENGR:

INSPECTOR: Mike

DP# 786

OTHER:

FILE: SD 2576

MEMORANDUM

TO: Mike Pluta, Engineering Inspector

FROM: Vito Marinaccio, Director Land Use

DATE: December 29, 2000

RE: **Developers Permit - Bridle Path Estates**
Block 170.02 Lot(s) 7

The above mentioned developer has submitted the following Developers Permit:

Block	Lot	Address
170.02	**7**	**Peter Forman Drive**

Please review and let me know your findings.

RECEIVED Betty Lou Lester

RETURNED 1-2-2001 O.K TO ISSUE

SIGNATURE M.C Pluta

REMARKS: _____

_____

Witness: (SIGNED)

DATE ISSUED: 1/5/00 Fee: 10.00

Administrative Signature Vito Mannaccio

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

(a) Review of other agencies:
(b) Revisions made:
© Bonds posted:
(d) Taxes and assessments are paid:
(e) DOT approval, if any:
(f) Soil conservation, if any:
(g) Monmouth County Planning Board:
(h) Howell Township MUA

PERMIT APPROVAL GRANTED: _____
PERMIT APPROVAL DENIED: _____

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

_____

usage is _____ found to be in accordance with the Township Land Ordinance and is hereby _____-approved for the following zone: _____.

X Vito Mannaccio

ADMINSTRATIVE OFFICER

DATE WHEN APPLICATION WAS RECEIVED_____DATE RULED ON:_____1/5/00_____

If certification is refused, reason for refusal_____

_____

If certification is refused, reason for refusal:_____

_____

DK # 7868

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 the applicant swears to be true.

1. LOCATION OF PROPERTY BRIDLE PATH ESTATES

   BLOCK 170.02 LOT 7

2. NAME OF LANDOWNERS: _____

3. OCCUPANT: _____

4. PROPOSED USE:

X New Construction	_____ Residence
_____ Remodeling	_____ Business
_____ Accessory Bldg.	_____ Mfg.

5. Survey of lot, showing public roads, existing buildings and proposed construction or use for which this application is made.

   a. Name of road/street PETER FORSMAN DRIVE

   b. Main road frontage 393 FT. (CORNER LOT)

   c. Set back from right-of-way 51 FT.

   d. Sideyard clearances 111 FT. LT. & 81 FT. RT.

   e. Rear yard clearances 38 FT.

   f. Depth of lot from right-of-way 165 FT.

   g. Dimensions of bldg: width 73 feet 59 depth(feet)

   h. Highest point of bldg. Above reestablished grade 35 feet MAX.

   i. Area of lot 42,467 S.F.

   j. Sketch showing existing buildings and proposed construction

Buildings: Use _____

Number of stories _____ Basement _____

Useable floor space: First Floor 2150 sq.ft Second Floor 1720

Off street parking space 1445 sq. ft.

TBI # 92

Receipt #5374

Block 170.02 Lot 7 PHILMONT

New England/ Savannah/ Federal/ Williamsburg/ Versailles/ Heritage

	Square Feet	*Cubic Feet*	*Fee*
Base House	3233	30561	
basement	1507	11397	
garage	431	4418	
001 3 car garage	247	1868	
004 storage garage	678	6554	
019 bonus room	281	2107	
020 room over gar.	246	1845	
021 bonus room	281	2107	
023 exp fam room	62	775	
025 greenhouse	43	387	
025/531	78	702	
028 fifth bedroom	40	320	
031 retreat addition	224	2576	
032 great rm elite	388	4656	
035 guest elite suite	388	4656	
039 conservatory	388	4656	
043 morning room	82	902	
044 grd master suite	39	351	
120 alt 2nd floor	39	351	
121 playroom	274	2237	
189 walk out bay	14	126	
501 solarium	200	1800	
502 atrium	224	2576	
TOTALS	4211	55782	

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD: 13009
January 3, 2001

Toll Brothers, Inc.
3103 Philmont Ave.
Huntingdon Valley, PA. 19006

RE: Application for an Individual
Subsurface Sewage Disposal
System in **Howell**

Dear Sir:

Your "Application for Permit to Locate and Construct an Individual Subsurface Sewage System" at **330 Peter Forman Dr. Howell 170.02 7** has been approved with conditions:
ADDRESS Town BLOCK LOT

1. **System is approved for 5 bedroom house, to be designed on K-4 permeability.**
2. **Size of disposal field is to be 27'x51' (31'x55' fill enclosed).**
3. **Bed is to be excavated to elevation 139.25 (approx. 7ft. below grade) and back filled to elevation 147.25 with suitable fill.**
4. **Engineer must certify permeability and compaction of fill material.**

It is important that the septic system be installed according to the provisions of N.J.A.C. 7:9A-1.1 et seq. And standards thereto. Failure to do this will result in the withholding of final approval and could lead to the need for costly alterations and/or legal action.

The installer of the above referenced system must contact this office for inspection at the following construction stages:

1. After excavation work is completed.
2. After septic tank and disposal field have been installed (no cover).
3. After septic system is covered and landscaping is completed.

This office must be contacted for an inspection **24 hours** prior to the installation of the system. If, upon final inspection, the individual subsurface sewage disposal system as been installed according to the specifications given in your application, "Certificate of Compliance" will be issued to you by mail.

Building inspectors are prohibited from issuing a Certificate of Occupancy prior to their receiving a copy of our "Certificate of Compliance".

Sincerely,
Diane L. Beears
Diane L. Beears
Registered Env. Health Specialist

DLB:mc
CC: Judy La Porta & Marie Strauch
Eastern States

Professional Warranty
CORPORATION

O. Box 800
inondole, VA 22003-0800
800-850-2799
X 1-800-851-2799

CERTIFICATION FORM

FOR USE IN OBTAINING
CERTIFICATES OF OCCUPANCY
FOR PWC
NATIONAL ACCOUNT BUILDERS

MUNICIPALITY:	Howell Twp 1319
BUILDER NAME:	Toll Brothers, Inc.
BUILDER ADDRESS:	3103 Philmont Avenue Huntingdon Valley, PA 19006
NJ DCA REGISTRATION #:	024947
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COUNTY:	Monmouth

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This form is validated by the signature of the PWC representative and the PWC seal affixed below and shall be cancelable only upon 45 days written notice to the New Jersey Department of Community Affairs by the Professional Warranty Service Corporation.

Signed: _____

James I. Barnett, Vice President - Operations
Professional Warranty Service Corporation ("PWC")

Date: 06/23/1999

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255
TELEPHONE (732) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD LOG# 13
September 13, 2001

Toll Brothers Inc.
303 Peter Forman Dr.
Freehold NJ 07728

CERTIFICATE OF COMPLIANCE

Date of Inspection: 8/22/01 **By:** **Sherrill Thatch**

Owner: **Toll Brothers**

Location of Property: **350 Peter Forman Dr.**

Municipality: **Howell** **Block 170.02** **Lot 7**

This is to certify that the individual water supply and system located as indicated above has been installed as shown on the application to permit to locate and construct an individual water supply and system and is in compliance with the Realty Improvement Sewerage and Facilities Act as revised (N.J.S.A. 58:11-23 et. Seq.) and/or the New Jersey Safe Drinking Water Act (N.J.A.C. 7:10 - 12.1 et. Seq.)

The issuance of the certificate shall not be construed as a guarantee that the water supply and system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Health Department in the enforcement of any law or ordinance relating to public health.

Sincerely,

Lester W. Jargowsky

Lester W. Jargowsky, M.P.H.
Public Health Coordinator

LWJ:jj
CC: Judith LaPorta, Marie Strauch
John Robertson

The Monmouth County Board of Health

Robert Peters
President

3435 HIGHWAY 9
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (732) 431-7456

Lester W. Jargowsky, M.P.H.
Public Health Coordinator
and
Health Officer

MCHD# 13009

September 13, 2001

Toll Brothers Inc.
303 Peter Forman Dr.
Freehold NJ 07728

CERTIFICATE OF COMPLIANCE

- DATE OF INSPECTION: 8/22/01 BY: Sherrill Thatch

NAME OF OWNER: Toll Brothers

ATION OF PROPERTY: 350 Peter Forman Dr.

MUNICIPALITY: Howell BLOCK 170.02 LOT 7

This is to certify that the individual subsurface sewage disposal system located as indicated above has been installed as shown on the Application for Permit to Locate and Construct an Individual Subsurface Sewage Disposal System, and is in compliance with the provisions of N.J.A.C. 7:9A-1.1 et. Seq. and the standards thereto.

The issuance of this certificate shall not be construed as a guarantee that the individual subsurface sewage disposal system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the health department in the enforcement of any law or ordinance relating to public health.

Sincerely,

Lester W. Jargowsky, M.P.H.
Public Health Coordinator

LWJ:jj
CC:Judith LaPorta
Marie Strauch
Eastern States

New Jersey Natural Resources Conservation Program

FREEHOLD SOIL CONSERVATION DISTRICT
(Serving Middlesex and Monmouth Counties)

211 FREEHOLD ROAD
MANALAPAN, NEW JERSEY 07726
Tel: (732) 446-2300
Fax: (732) 446-9140

*** REPORT OF PARTIAL COMPLIANCE ***

8/14/01

TO : CONSTRUCTION OFFICIAL

TWP. : HOWELL

PROJ.: BRIDLE PATH/FORMAN ESTATES

APPLICATION NO.: 1990-0515

Block : 170.02
Lot : 7
Comments: 350 Peter Forman Drive

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

*Pending continued compliance and the establishment of permanent vegetation.

Official Seal:

DISTRIBUTION: **WHITE** - Municipal Construction Official
CANARY - Developer **PINK** - District **GOLD** - Other

PLAN REVIEW RECORD

MONTH: 01 HOWELL TOWNSHIP FIRE BUREAU YEAR: 2001

DATE: 1/18/01 TYPE: Residential DIST#: 2

BLOCK: 170.02 LOT: 7 PERMIT#: 01-0083

ADDRESS: 350 Peter Forman Drive

NAME: Tolland

COMMENTS New Home w/Fireplace

REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE: 6/27/01 REMARKS Frame-SFD-Cancel As Per Sharon

REINSPECTION DATE: 6/28/01 REMARKS Frame-SFD-Not Approved Fire Blocking around "B" Vent 1st Floor 19-133

REINSPECTION DATE: 7/3/01 COMMENTS (R)Frame-Approved

****DATE FRAME PASSED: 7/3/01 INSPECTORS CODE: 3

FINAL INSPECTION REPORT

SCHEDULE DATE: 9/13/01 COMMENTS Final-APPROVED

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPROVED: 9/12/01 INSPECTORS CODE: 2

OTHER INSPECTION REPORT

TOPIC:

SCHEDULE DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

REINSPECTION DATE: COMMENTS:

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

HISTORY

TOWNSHIP OF HOWELL CONSTRUCTION DEPARTMENT

PLAN REVIEW CHECK LIST

NAME Bridle Path BLOCK 170.02 LOT 7

ADDRESS 350 Peter Forman ZONING RELEASE _____

DATE SUBMITTED 11/17/01 SFD - Plans in office

DEVELOPMENT (If any) _____

	Reviewed By:	Approved	Comments
FIRE	✓ 1/17/01	OK	
BUILDING	✓ 1/18/01	OK	
ELECTRICAL	✓ 1/18/01	OK	
PLUMBING	✓ 1/22/01 MH	OK	
MECHANICAL			
OTHER			RECEIVED JAN 19 2001
SEPTIC			

Rev. 1/01

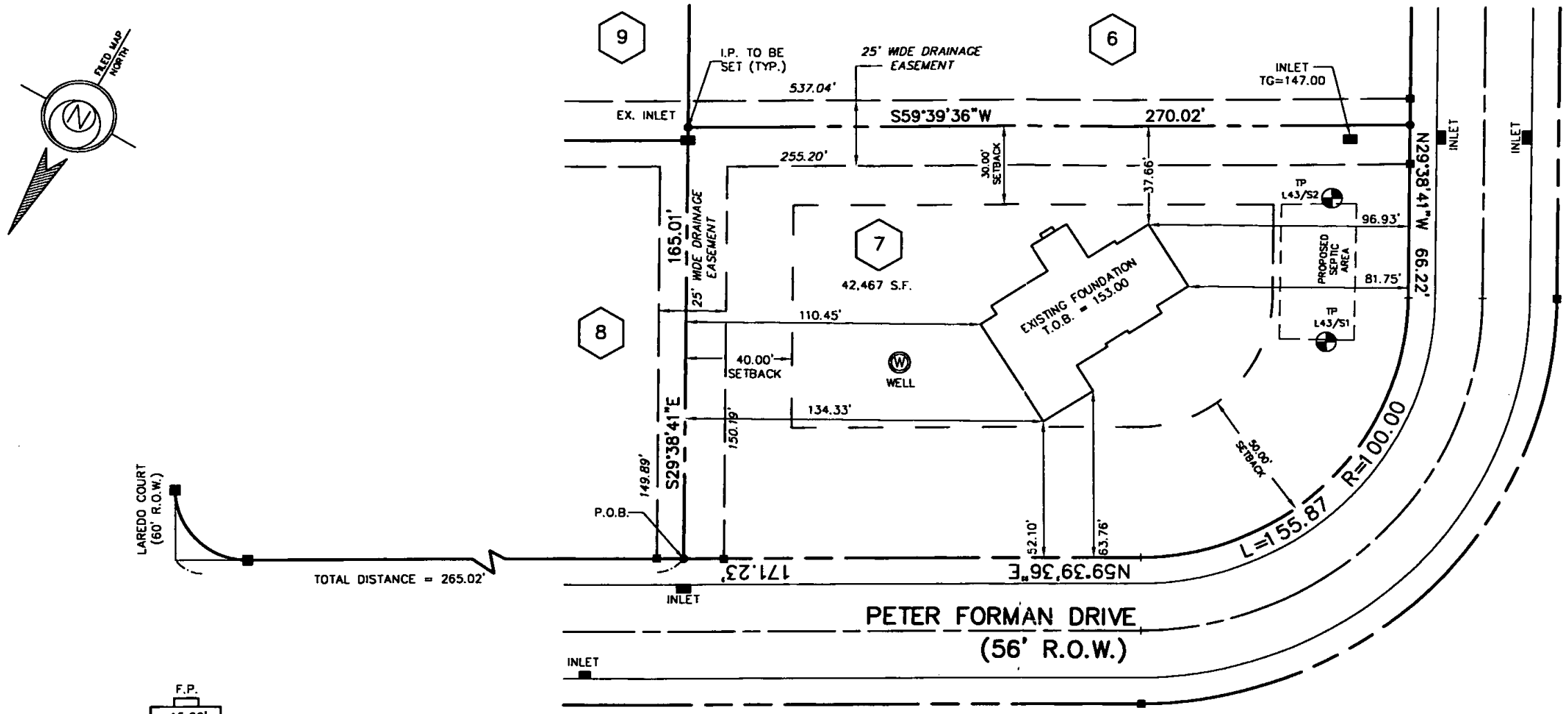
	DATE
FINAL BUILDING INSPECTION	9-12-01
FINAL PLUMBING INSPECTION	9-12-01
FINAL ELECTIC INSPECTION	9-13-01
FINAL FIRE INSPECTION	9-13-01
FOUNDATION LOCATION SURVEY	3-15-01
SOIL CONSERVATION APPROVAL	8-14-01
MUA/MCBH/WELL/SEPTIC	8-22-01
HOW CERTIFICATE	6-23-99
FINAL SURVEY	8-8-01
ENGINEERING RELEASE	8-29-01
FINAL COAH PAYMENT	
APPLICATION FOR CO	✓

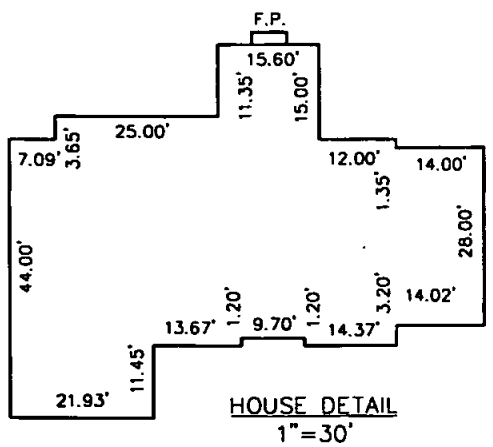
COMMERICAL

SITE PLAN FIRE LANE/ZONES	
SITE PLAN COMPLIANCE	
FOOD HANDLERS LICENSE	

BLOCK 170.02 LOT 7

NAME Bridle Path





HOUSE DETAIL
1"=30'

DESCRIPTION:
BEING KNOWN AND DESIGNATED AS LOT 7 BLOCK 170.02 AS SHOWN AND SET FORTH ON A MAP ENTITLED: "FINAL MAP – BRIDLE PATH ESTATES (FORMERLY KNOWN AS FORMAN ESTATES) BLOCK 170 – LOTS 32 & 32.01" DATED 12/27/96, LAST REVISION 11/12/98 PREPARED BY: BAY POINTE ENGINEERING ASSOCIATES, INC. AND FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON 2/22/99 AS CASE NO. 271–22

NOTE:
SUBJECT TO SUCH EASEMENTS AND RESTRICTIONS THAT MAY BE REVEALED BY A TITLE REPORT.

CAUTION:
IF THIS DOCUMENT DOES NOT CONTAIN A RAISED IMPRESSION SEAL OF THE PROFESSIONAL, IT IS NOT AN AUTHORIZED ORIGINAL DOCUMENT AND MAY HAVE BEEN ALTERED

PLAN DEPICTS CONDITIONS AS OF 3/09/01

NOTE: BASEMENT FLOOR IS DESIGNED TO BE A MINIMUM OF 2.0' ABOVE SEASONAL HIGH WATER.

BF=146.33
SEASONAL HIGH WATER=142.73
(43 INCHES BELOW 146.33)

RECEIVED
MAR 23 2001

received
3/23/01 MSO

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

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

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

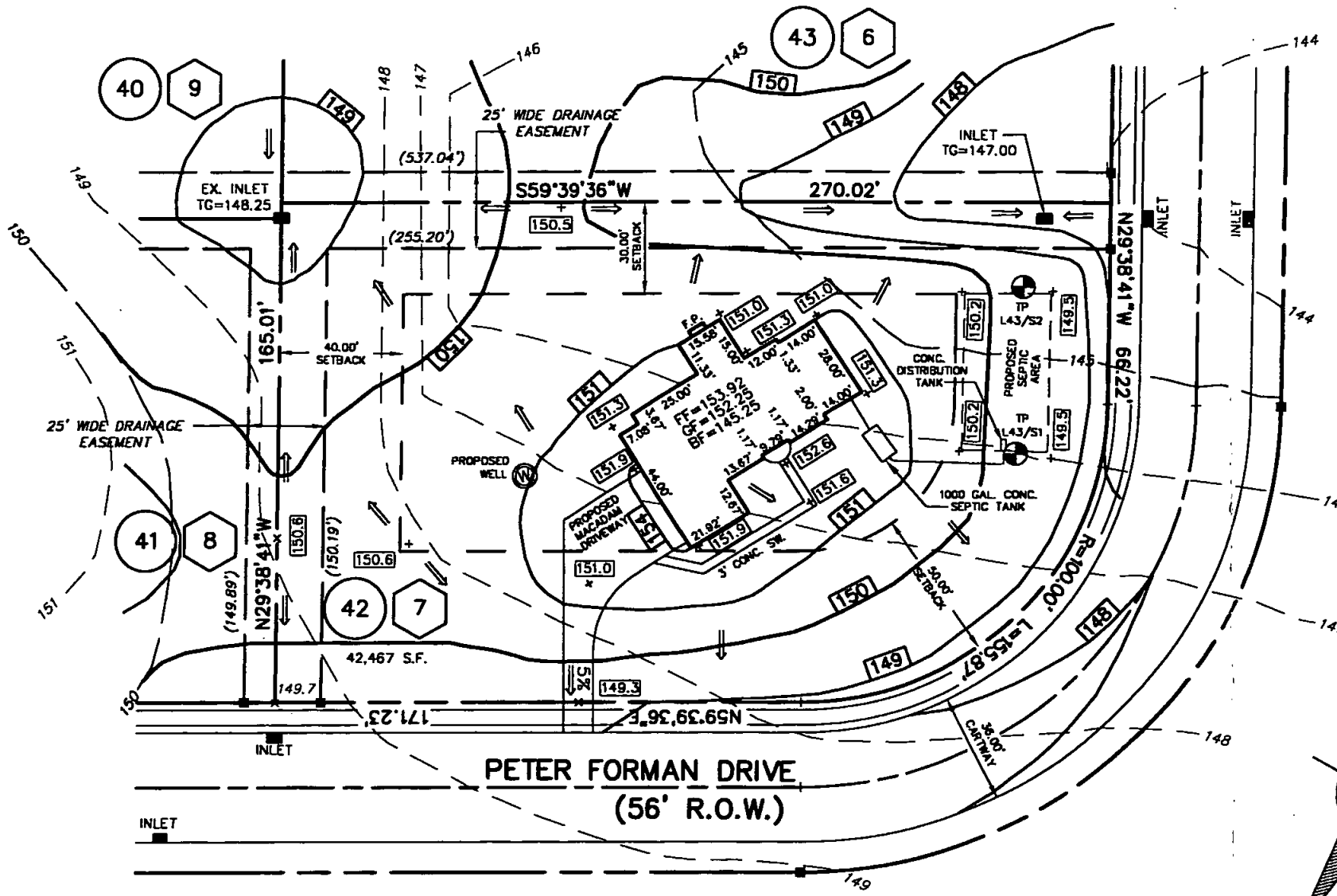
AVI LUZON DATE 3/15/01

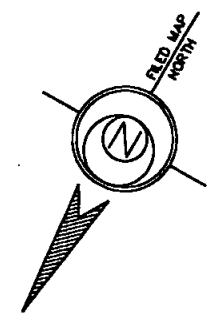
AVI LUZON
PROFESSIONAL LAND SURVEYOR
N.J. LICENSE # 36745

MAP OF
"FOUNDATION AS-BUILT"
BLOCK 170.02 LOT 7
BRIDLE PATH ESTATES
(FORMERLY KNOWN AS FORMAN ESTATES)
HOWELL TOWNSHIP
MONMOUTH COUNTY, NEW JERSEY

E S E
EASTERN STATES ENGINEERING, INC.
P.O. BOX 38
HUNTINGDON VALLEY, PA. 19006
215/914–2036

DESIGNED:	DRAWN: CAC	CHECKED: A.L.
SCALE: 1"=50'	DATE: 3/15/01	DWG. NO.: TBI #42





—□— PROPOSED ELEVATIONS
ARROWS INDICATE REQUIRED GRADING FOR SURFACE DRAINAGE FLOW

FOUNDATION LOCATION:
PROPOSED HOUSE LOCATION: 11/29/00.
– – – – EXISTING CONTOURS
■ INDICATE CONCRETE MONUMENTS TO BE SET
● INDICATES IRON PIN TO BE SET

⬠5 DENOTES TBI LOT NUMBER
(13) DENOTES FILED MAP LOT NUMBER
■ DENOTES MONUMENT TO BE SET
[+50.5] PROPOSED SPOT ELEVATION
⟸ DRAINAGE FLOW ARROW

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

CORNERS WILL BE SET WHEN FINAL GRADING IS COMPLETE.

NOTE:
LOCATION OF UTILITY SERVICES SHOWN ARE CONCEPTUAL ONLY. ACTUAL LOCATION OF SANITARY, WATER, ELECTRIC, GAS, ETC. SERVICING EACH LOT TO BE DETERMINED AT TIME OF CONSTRUCTION BY DEVELOPER.

PROPOSED HOUSE:
PHILMONT WILLIAMSBURG
3-CAR (SE) GARAGE (001)
EXPANDED FAMILY ROOM (023)
GREAT ROOM ELITE (032)
EXPANDED KITCHEN (800)
EXPANDED BASEMENT

BF=145.25 (8' FOUNDATION)
SEASONAL HIGH WATER=142.18
(37 INCHES BELOW 145.25)

NOTE: FLOOR ELEVATIONS SHOWN ARE 1.9 FEET HIGHER THAN THOSE DESIGNED BY BAY POINTE, TO MAINTAIN MIN. 2% GRADE AWAY FROM HOUSE

NOTE:
EXISTING SPOT ELEVATIONS & CONTOURS SHOWN AT LOT 8 REFLECT AS-BUILT CONDITIONS.

HOWELL TOWNSHIP TAX DATA
BLOCK 170.02
LOT 7
CONTAINING 42,467 S.F.

DESCRIPTION:
BEING KNOWN AND DESIGNATED AS LOT 7 BLOCK 170.02 AS SHOWN AND SET FORTH ON A MAP ENTITLED: "FINAL MAP – BRIDLE PATH ESTATES" (FORMERLY KNOWN AS FORMAN ESTATES) BLOCK 170 – LOTS 32, & 32.01" DATED 12/27/96, LAST REVISION 11/12/98 PREPARED BY: BAY POINTE ENGINEERING ASSOCIATES, INC. AND FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON 2/22/99 AS CASE #271-22

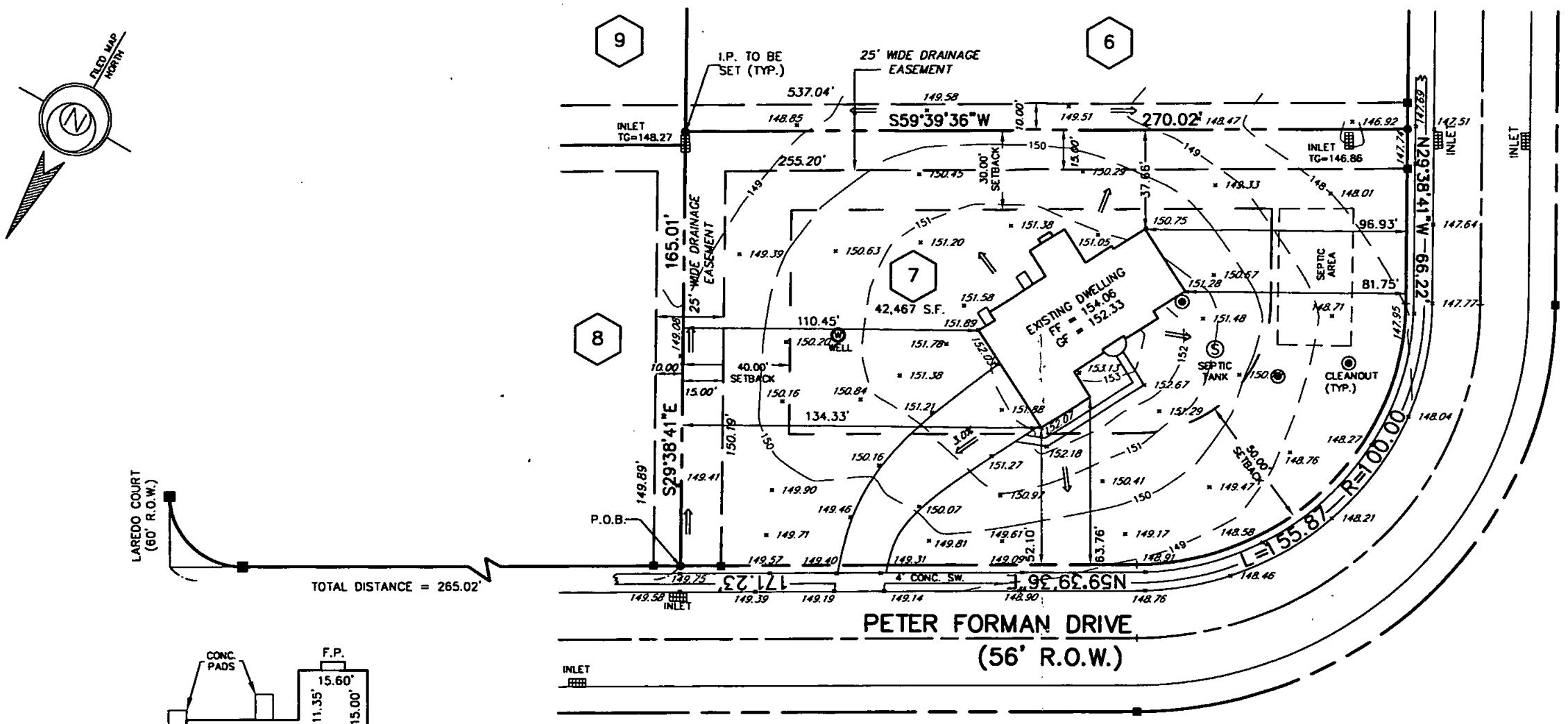
MAP OF
BLOCK 170.02 LOT 7
BRIDLE PATH ESTATES
HOWELL TOWNSHIP
MONMOUTH COUNTY, NEW JERSEY

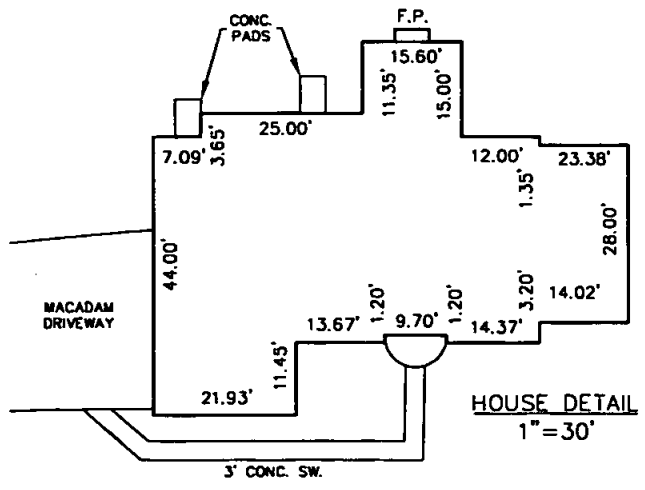
DATE 12/5/00
MICHAEL J. SOSINSKI
PROFESSIONAL ENGINEER
N.J. LICENSE # 29929

DATE 12/5/00
BYRON W. RIMMER
PROFESSIONAL LAND SURVEYOR
N.J. LICENSE # 20369

E S E
EASTERN STATES ENGINEERING, INC.
P.O. BOX 38
HUNTINGDON VALLEY, PA. 19006
215/914-2036

DESIGNED:	DRAWN: MAS	CHECKED: A.G.R.
SCALE: 1"=50'	DATE: 11/29/00	DWG. NO.: TBI #42





HOUSE DETAIL
1"=30'

DESCRIPTION:
BEING KNOWN AND DESIGNATED AS LOT 7 BLOCK 170.02 AS SHOWN AND SET FORTH ON A MAP ENTITLED: "FINAL MAP – BRIDLE PATH ESTATES (FORMERLY KNOWN AS FORMAN ESTATES) BLOCK 170 – LOTS 32 & 32.01" DATED 12/27/96, LAST REVISION 11/12/98 PREPARED BY: BAY POINTE ENGINEERING ASSOCIATES, INC. AND FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON 2/22/99 AS CASE NO. 271–22

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PLAN DEPICTS CONDITIONS AS OF 8/03/01

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

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

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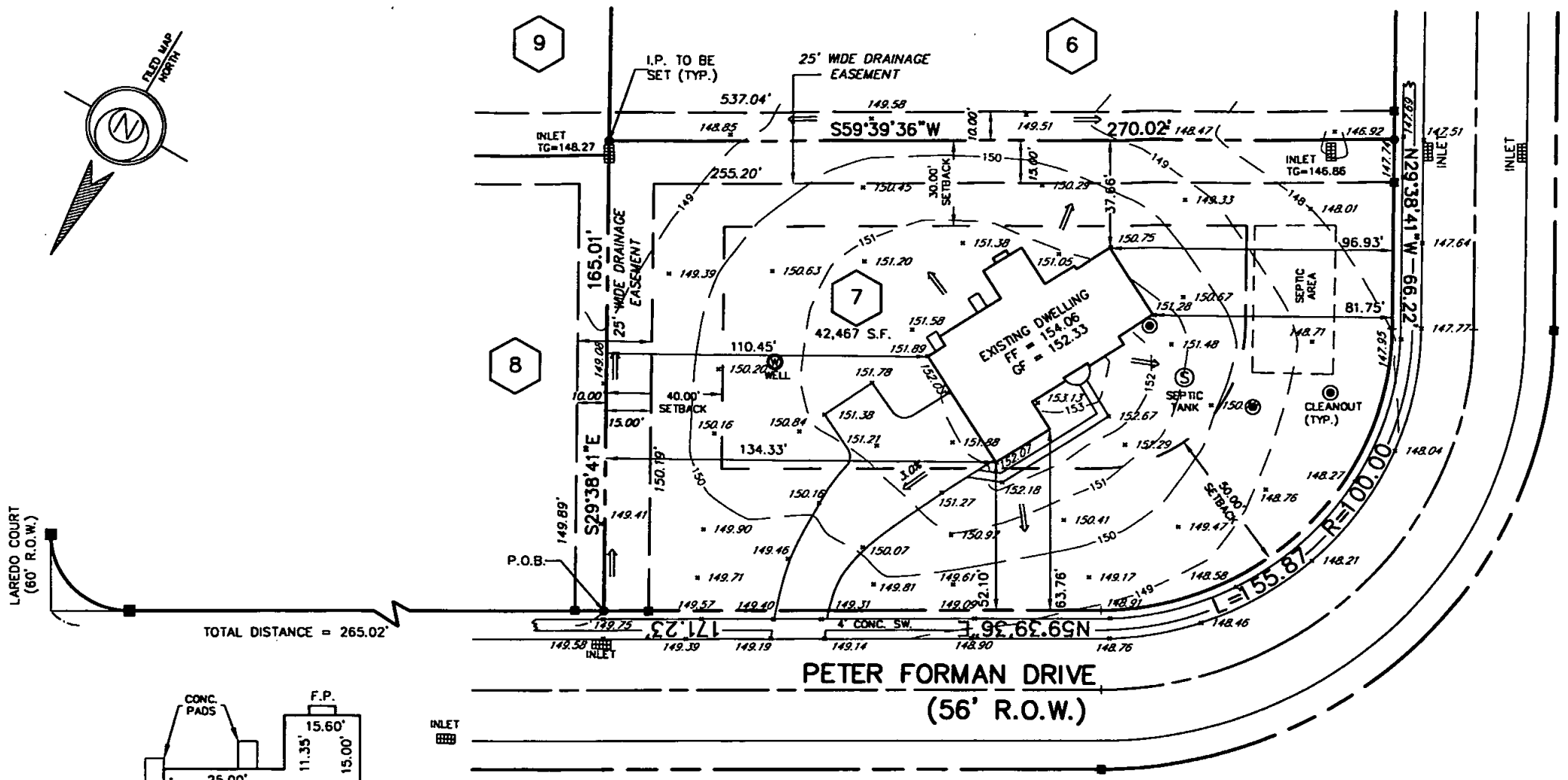
John K. Pierce DATE 08/10/01

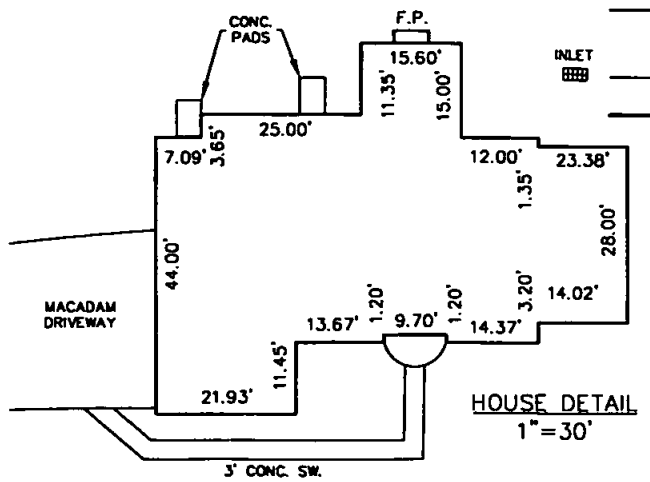
JOHN K. PIERCE
PROFESSIONAL LAND SURVEYOR
N.J. LICENSE # 33534

MAP OF
"FINAL PLAT"
BLOCK 170.02 LOT 7
BRIDLE PATH ESTATES
(FORMERLY KNOWN AS FORMAN ESTATES)
HOWELL TOWNSHIP
MONMOUTH COUNTY, NEW JERSEY

E S E EASTERN STATES ENGINEERING, INC.
P.O. BOX 38
HUNTINGDON VALLEY, PA. 19006
215/914–2036

DESIGNED:	DRAWN: CAC	CHECKED: J.P.
SCALE: 1"=50'	DATE: 8/08/01	DWG. NO.: TBI #42





HOUSE DETAIL
1"=30'

CERTIFY TO:
JAMES L. CHIRUMBOLE AND SHARON A. CHIRUMBOLE, HUSBAND & WIFE
WELLS FARGO HOME MORTAGE INC., ITS SUCCESSORS AND/OR ASSIGNS, AS THEIR INTEREST MAY APPEAR
WESTMINSTER ABSTRACT COMPANY
GOLDZWEIG, FARREL & GREEN, LLC
DANIEL H. GREEN, ESQ.
TOLL LAND XI, L.P.
TOLL BROTHERS, INC.

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

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

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

DESCRIPTION:
BEING KNOWN AND DESIGNATED AS LOT 7 BLOCK 170.02 AS SHOWN AND SET FORTH ON A MAP ENTITLED: "FINAL MAP – BRIDLE PATH ESTATES (FORMERLY KNOWN AS FORMAN ESTATES) BLOCK 170 – LOTS 32 & 32.01" DATED 12/27/96, LAST REVISION 11/12/98 PREPARED BY: BAY POINTE ENGINEERING ASSOCIATES, INC. AND FILED IN THE MONMOUTH COUNTY CLERK'S OFFICE ON 2/22/99 AS CASE NO. 271-22

NOTE:
SUBJECT TO SUCH EASEMENTS AND RESTRICTIONS THAT MAY BE REVEALED BY A TITLE REPORT.

CAUTION:
IF THIS DOCUMENT DOES NOT CONTAIN A RAISED IMPRESSION SEAL OF THE PROFESSIONAL, IT IS NOT AN AUTHORIZED ORIGINAL DOCUMENT AND MAY HAVE BEEN ALTERED

PLAN DEPICTS CONDITIONS AS OF 8/03/01

REV. – ADD DRIVEWAY TAIL – CAC – 9/13/01
REV. – ADD CERT. ONLY – CAC – 8/21/01

John K. Pierce DATE 9/13/01
JOHN K. PIERCE
PROFESSIONAL LAND SURVEYOR
N.J. LICENSE # 33534

MAP OF
"FINAL PLAT"
BLOCK 170.02 LOT 7
BRIDLE PATH ESTATES
(FORMERLY KNOWN AS FORMAN ESTATES)
HOWELL TOWNSHIP
MONMOUTH COUNTY, NEW JERSEY

ESE EASTERN STATES ENGINEERING, INC.
P.O. BOX 38
HUNTINGDON VALLEY, PA. 19006
215/914-2036

DESIGNED:	DRAWN: CAC	CHECKED: J.P.
SCALE: 1"=50'	DATE: 8/08/01	DWG. NO.: TBI #42