



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

Date Issued 3/21/2018
Control Number C-40933
Permit Number 20172971
Permit Issue Date 11/27/2017
Certificate Number 20172971

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 350 PETER FORMAN DRIVE FREEHOLD, NJ 07728 Block: 170.02 Lot: 7 Qual: _____

Owner in Fee: CHIRUMBOLE, JAMES L & SHARON A

Owner Address: 350 PETER FORMAN DR FREEHOLD NJ 07728

Telephone: [REDACTED]

Contractor LENS REMODELING & CONTRACTING

Address 28 HARRISON AVE, SUITE 912 ENGLISTOWN NJ 07726

Telephone: (732) 851-7555 Fax: (732) 851-7559

License Number or Builders Registration Number: _____ Federal Emp. Number: [REDACTED]

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: BATHROOM RENOVATION RADIANT HEAT, TUB REMOVED AND REPACED WITH FREE STANDING TUB

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**

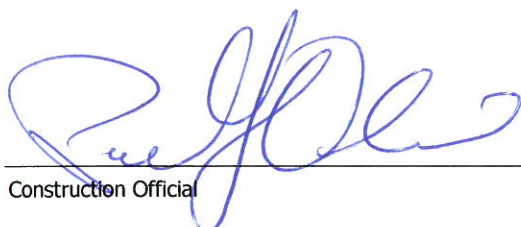
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:


Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



ELECTRICAL SUBCODE
TECHNICAL SECTION



DEPT. OF CONSTRUCTION CODE
76 GRAVEL HILL SPOTSWOOD ROAD
MONROE TOWNSHIP, NJ 08831
732-656-4585 • 732-656-4586

Date Received
Control #
Date Issued
Permit #

40933

2017-2971

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 Qualification Code _____

Work Site Location CHIREUMBOLE

350 RETTE FOREMAN DR.

Owner CHIREUMBOLE S + J

Tel. () e-mail _____

Address SPAME

Contractor Wat's Electric Tel. (732) 343-3650

Address 35 River St. E-mail 08884

Contractor License No. 15639 Exp. Date 3/1/8

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

Federal Emp. ID No. _____ FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW INSPECTIONS Dates (Month/Day)

[] No Plans Required Type: _____ Failure _____ Approval _____ Initial _____

[] Partial - Underslab Utilities Approved Rough _____ Failure _____ Approval _____ Initial _____

Date: _____ Approved by: _____ Barrier-Free _____

[] Electric Plans Approved Trench _____

Date: _____ Approved by: _____ Temp. Serv. _____

Joint Plan Review Required: _____ Constr. Serv. _____

[] Bldg. [] Plumb. [] Fire. [] Elev. TCO _____

SUBCODE APPROVAL for PERMIT Other _____

Date: _____ Service Final _____

Approved by: _____ Barrier-Free _____

SUBCODE APPROVAL for CERTIFICATE Temp. Cut-in-Card Date Issued _____

[] CO Final Cut-in-Card Date Issued _____

Date: 3-16-18 Annual Pool Inspection _____

Approved by: _____ Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: _____

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY SIZE ITEMS FEE (Office Use Only)

3 2 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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

1 INSTAL & ADJUST HEAT

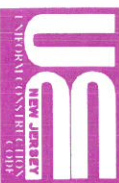
W/ THERMOSTAT

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

11-27-17
40933
2017-2971

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 FORDMAN DR.
Owner in Fee/Occupant FREEHOLD 07728
CHIEFUMBOLE S
Address SAME

Tele. ()
Contractor Veteran Electric LLC
Address 128 Baird RD 08535
Millsstone NJ
Tele. (732) 921 3499 Fax ()
Lic. No. 14731
Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 2940.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Required			Type:	Failure	Approval
Joint Plan Review Required:			Rough		
[] Building [] Plumbing			Temp. Serv.		
[] Fire [] Elevator			Const. Serv.		
[] Elec. Plans Approved			TCO		
Date: <u>11-16-17</u>			Other		
Approved by: <u>[Signature]</u>			Service		
			Final		
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued		
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued		
Date: <u> </u>					
Approved by: <u> </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's Signature/Contractor's Seal and Signature

Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

3 2
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

1
INSTALL RADIANC HEAT
ELECTRIC W/ THERMOSTAT

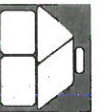
Administrative Surcharge	\$	<u>100</u>
Minimum Fee	\$	<u>60</u>
DCA Training Fee	\$	<u>100</u>
TOTAL FEE	\$	<u>260</u>

FEE (Office Use Only)

\$ 78



BUILDING SUBCODE TECHNICAL SECTION



DEPT. OF CONSTRUCTION CODE
76 GRAVEL HILL SPOTSWOOD ROAD
MONROE TOWNSHIP, NJ 08831
732-656-4585 • 732-656-4586

Date Received
Control #
Date Issued
Permit #

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 Qualification Code 0728
Work Site Location 350 PETER FOREMAN DR. FREETOWN

Owner in Fee: CHRUMBOLE S

Tel. [REDACTED] e-mail [REDACTED]

Address SAFARI

Contractor: LIEN'S REMODELING Tel. (732) 851-7555 Zip code 07728
Address 38 HARRISON AVE STE 912 e-mail BRADY@LIENSREM.COM

Contractor License No. or Builder Registration No. 13HW03701800 Exp. Date 3/18
Home Improvement C [REDACTED] Reason (if applicable): FAX: (732) 851-7555

Federal Emp. ID No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Approval	Initial
☐ No Plans Required			Type:				
☐ All			Footings				
☐ Footings/Foundations			Foundation Bonding				
☐ Structural/Framework			Foundation				
☐ Exterior			Slab				
☒ Interior	<u>11/16/12</u>	<u>SD</u>	Frame				
Joint Plan Review Required:			Truss Sys./Bracing				
☒ Elec. ☒ Plumb. ☐ Fire ☐ Elevator			Barrier-Free				
SUBCODE APPROVAL for PERMIT	<u>11-16-17</u>		Insulation				
Date:			Finishes -Base Layer				
Approved by: <u>SD</u>			Finishes -Final				
SUBCODE APPROVAL for CERTIFICATE			Energy				
☐ CO ☐ CCO ☒ CA	<u>3-19-18</u>		Mechanical				
Date:			TCO				
Approved by: <u>[Signature]</u>			Other				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

No. of Stories 1

Height of Structure 11 ft.

Area — Largest Floor 11 sq. ft.

New Bldg. Area/All Floors 11 sq. ft.

Volume of New Structure 11 cu. ft.

Max. Live Load 2800

Max. Occupancy Load 2800

Constr. Class Present VB Proposed VB

If Industrialized Building: State Approved HUD

Est. Cost of Bldg. Work:

- New Bldg. \$ 2800
- Rehabilitation \$ 2800
- Total (1+2) \$ 5600

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
BATH REMODEL
SHEETROCK BEING REMOVED AND REPLACED
WITH FIBEROCK. IN SHOWER AREA ONLY
EXISTING TUB DECK BEING REMOVED
AND REPLACED WITH FIBEROCK STANDARDS TUBS

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

Height (exceeds 6') 84 Sq. Ft.

Administrative Surcharge \$ 5

Minimum Fee \$ 5

State Permit Surcharge Fee \$ 5

TOTAL FEE \$ 15

11-27-17
40933
2017-2971



PLUMBING SUBCODE TECHNICAL SECTION



170.22-2

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 Qualification Code 65

Work Site Location 350 PETER FORMAN DR. FRENCHTOWN NJ 07728

Owner in Fee: CHIRUMBOLE S

Tel. () e-mail

Address Stamie Municipality ZIP CODE

Contractor: ROSARIO ALU Tel. (908) 623, 7137

Address 149 DAVIS STATION CREAM RIDGE NJ. 08514 e-mail aluruus@yahoo.com

Contractor License No. 9912 Exp. Date 06-19

Home Improvement Contractor License No. (if applicable):

Federal Emp. ID No. () FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$ 4200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

☐ Partial - Under Slab Utilities Approved

Date: Approved by:

☐ Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 11-20-17 Approved by: Adam Shostad

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 3-16-18 Final

Approved by: Adam Shostad

INSPECTIONS

Type: Failure Failure Approval Initial

Slab 12-6-17 12-8-17 AL

Rough Water

Water Sewer

Fixtures Gas Equipment

Gas Piping LP Gas Tank

LP Gas Tank Fuel Oil Piping

Fuel Oil Piping Solar

Solar TCO

TCO 3-9-18

Final 3-16-18 AL

Approved by:

12-6-17 -> see attach

no access 2:35

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: Rosario Alu

D. TECHNICAL SITE DATA

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

DESCRIPTION OF WORK

EXISTING TURBIDITY REMOVED & REPAIRED WITH FEEB STANDING TUR

QTY. 1

Water Closet 1

Urinal/Bidet 1

Bath Tub 1

Lavatory 1

Shower 1

Floor Drain 1

Sink 1

Dishwasher 1

Drinking Fountain 1

Washing Machine 1

Hose Bibb 1

Water Heater 1

Fuel Oil Piping 1

Gas Piping 1

LP Gas Tank 1

Steam Boiler 1

Hot Water Boiler 1

Sewer Pump 1

Interceptor/Separator 1

Backflow Preventer 1

Greasetrap 1

Sewer Connection 1

Water Service Connection 1

Stacks 1

Other 1

Date Received 11-27-17
Control # 409333
Date Issued 2017-2971
Permit #