



Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued	4/23/2012
Control Number	02529
Permit Number	20071983
Permit Issue Date	8/2/2007
Certificate Number	20071983

Certificate

Construction Code Division
(Certificate of Approval)

Identification

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

Owner in Fee: CHIRUMBOLE, JAMES L & SHARON A _____

Owner Address: 350 PETER FORMAN DR FREEHOLD NJ 07728 _____

Telephone: _____

Contractor CHIRUMBOLE, JAMES L & SHARON A _____

Address 350 PETER FORMAN DR FREEHOLD NJ 07728 _____

Telephone: _____ Fax: _____

License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private _____

Use Group: R-5 _____ Construction Classification: Type V _____

Maximum Live Load: 40 _____ Maximum Occupancy Load: 0 _____

Description of Work/Use: GAZEBO 16 FT (256 SQ FT) WITH LIGHTING

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: _____



BUILDING SUBCODE
TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

8-207
02529
20071983

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 350 PETER FORMAN DRIVE

Owner in Fee JAMES CHIRUMSOLE
Address 350 PETER FORMAN DR
FREEDHOLD, NJ 07728

Tel. (____) _____

Contractor _____

Address _____

Tel. (____) _____ FAX (____) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	<u>7/5/07</u>	<u>PS</u>	Type:	Failure Failure Approval Initial
☒ All			Footing	<u>8-29-07</u> <u>AM</u>
☐ Footing			Footing Bonding	
☐ Foundation			Foundation	
☐ Frame			Slab	
☐ Other			Frame	
			Truss Sys./Bracing	
			Barrier-Free	
Joint Plan Review Required:			Insulation	
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Base Layer	
			Finishes -Final	
SUBCODE APPROVAL			Energy	
☐ CO ☐ CCO ☒ CA			Mechanical	
Date: <u>10/24/07</u>			TCO	
Approved by: <u>GB</u>			Other	
			Final	<u>10-23-07</u> <u>AM</u>
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group Present PS Proposed U

Constr. Class Present _____ Proposed _____

No. of Stories _____

Height of Structure 14 Ft.

Area — Largest Floor 250 Sq. Ft.

New Bldg. Area/All Floors 250 Sq. Ft.

Volume of New Structure 2500 Cu. Ft.

Total Land Area Disturbed 250 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 8,000
2. Rehabilitation \$ _____
3. Total (1+ 2) \$ _____

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

16-ft Gazebo / w Slab & Footings

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ 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)

\$ 60.00

Administrative Surcharge \$ _____

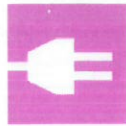
Minimum Fee \$ _____

State Permit Surcharge Fee \$ 17.4

TOTAL FEE \$ _____



ELECTRICAL SUBCODE
TECHNICAL SECTION



Change of Contractor

Date Received

Control #

Date Issued

Permit #

8-2-07
02529
00071983

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 350 Peter Forman Dr

Howell, NJ

Owner in Fee: JAMES CHIRUMBOLE

Tel. [REDACTED] e-mail _____

Address 350 Peter Forman Dr.

Contractor: FRANK & SONS ELEC CO Tel. (732) 933-1807

Address 5 COUNTRY LANE HOWELL e-mail _____

Contractor License No. 6783 Exp. Date 6/09

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

Federal Emp. ID No. [REDACTED] FAX: (732) 933-9142

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as RESIDENCE Utility Co. _____

Est. Cost of Elec. Work \$ 9800

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type:	Failure Failure Approval Initial
Joint Plan Review Required:			Rough	
☐ Building ☐ Plumbing			Barrier-Free	
☐ Fire ☐ Elevator			Trench	
☐ Elec. Plans Approved			Temp. Serv.	
Date: <u>7/13/07</u>			Constr. Serv.	
Approved by: <u>[Signature]</u>			TCO	
			Other	
			Service	
			Final	
			Barrier-Free	
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued	
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued	
Date: <u>10-18-07</u>			Annual Pool Inspection	
Approved by: <u>[Signature]</u>			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.

[Signature]
Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Elec. Contractor [] Certified Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

PAOOLE FAN
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

Administrative Surcharge \$ 46
Minimum Fee \$ 5
State Permit Surcharge Fee \$ 51
TOTAL FEE \$ 51

TOWNSHIP OF HOWELL
LAND USE CERTIFICATE
SHORT FORM

The undersigned applicant hereby applies for a Land Use Certificate for the following, to be issued on the basis of the representations contained herein, all which applicant swears to be true:

PROPERTY: BLOCK 17A.02 LOT(S) 7 STREET PETER FORDS DRIVE
APPLICANT: NAME STANES CHILDREN
ADDRESS 350 Peter Fords Drive Freehold 07728
PHONE [REDACTED]

DESCRIPTION OF PROPOSED ADDITION: Describe (Type)

GATEBO - 16 FT OCTAGONAL SHAPE

HEIGHT 14' FEET TO HIGHEST POINT E LENGTH 16' WIDTH 16'
LOCATION OF STRUCTURE: Setback from right of way 85 feet (and feet
If corner lot) Side Yard Clearances 50 feet and feet Rear Yard 44 feet
IF FENCE TYPE OF FENCE: (Chain link, stockade etc.) NONE
Height of fence

APPLICANT MUST ATTACH A COPY OF SURVEY OR SKETCH OF THE
PROPOSAL REFLECTING THE LOCATION AND DIMENSION OF THE
PROPOSED ADDITION IF STRUCTURE, OR IF FENCE THE LOCATION OF
THE FENCING MUST BE REFLECTED ON THE SURVEY OR SKETCH OF
THE PROPERTY.

Signature of Applicant: James H. Ford

Date: 6/22/07

Application Fee: \$10.00 Residential

\$20.00 Non-Residential

Based on the above application and the statements, which are made part thereof, the
proposed usage is/is not found to be in accordance with the Land Use Ordinance of the
Township of Howell and is hereby approved/disapproved.

COMMENTS/EXPLANATIONS: No objection to the installation of

Octagonal Gate 16' high to the street for
application and plan submitted.

Date: 6/25/07

Patty Speltz

HOWELL TOWNSHIP LAND USE OFFICER

Referrals: To Bldg. Dept. ✓ To Engineering Dept. Other Dept.

ZONE

