Donna Belton 20-604

From: Nici Ten Hoeve <opra+request-11138-db26f78f@requests.opramachine.com>
Sent: Thursday, May 14, 2020 9:50 AM
To: clerkforms
Subject: OPRA request - OPRA for open/closed permits - 643 Fort Plains Rd, Howell, NJ 07731

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Howell Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested: List of open & closed permits on the property. A copy of the survey if on file.

Address: 643 Fort Plains Rd, Howell, NJ 07731
Lot: 14.01
Block: 135

Thank you,

Nici Ten Hoeve

TOWNSHIP OF HOWELL
RECEIVED
2020 MAY 14 A 10:23
CLERK'S OFFICE

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-11138-db26f78f@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,oQkI-M7TdS4rajecboW0Y-FouXfP3vjGTNnRROocQf3FVz4VXWf_UZx4GFQClsc74ykdkX-RyAhtEaC17ir9L3kHjCpiyBI-LXKaNB2s&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,5kAfN7yKHvjHsNChPa0WwPgLaU2_ZJ5PHfMJRpBTbpWhFW7KzlzmbxUs298Znkk0zazsesySETo9sGGLeBFa72iLC7LcGIsiYgPfXxYlE88,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fopra_for_openclosed_permits_643&c=E,1,jPtTzE4kIq8dFM35WP0nceZ8rgngVlowRqATezuN7RC7Oe6bIpAe8TOZC8uG66zUc45_SdRoIOPQOESIIeSdfI0_pruLpEkTrcf-nTJgju4PNjqidfKIEenj&typo=1

Please note that in some cases publication of requests and responses will be delayed.

Donna Belton

From: Caitlin Doren
Sent: Monday, May 18, 2020 11:08 AM
To: Donna Belton
Cc: Matthew Howard
Subject: FW: OPRA 20-604
Attachments: 20-604.pdf; BLK135 - L14.01 LU CASE FILE 1999.pdf; BLK135 - L14.01 Land Use Certificate Patio-2019-05-13.pdf; BLK135 - L14.01 Land Use Certificate POD-2020-03-06.pdf; BLK135 - L14.01 Land Use Certificate Sheds-2019-03-19.pdf

Attached are all land use approvals found for OPRA 20-604. Surveys are in Case File 1999. Building departments to send their files.

Caitlin Doren
Administrative Assistant

Township of Howell
Community Development
4567 Route 9 North, 2nd Floor
Howell, NJ 07731
Phone: (732) 938-4500 x 2338
cdoren@twp.howell.nj.us
www.twp.howell.nj.us

From: Matthew Howard <mhoward@twp.howell.nj.us>
Sent: Thursday, May 14, 2020 10:34 AM
To: Caitlin Doren <cdoren@twp.howell.nj.us>
Subject: FW: OPRA 20-604

Matthew R. Howard, PSM
Land Use Director

Township of Howell
4567 Route 9 North, 2nd Floor
Howell, NJ 07731
P: 732-938-4500 x2334

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Thursday, May 14, 2020 10:30 AM
To: Paul Orlando <porlando@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA 20-604

Good Morning,

Attached please find OPRA 20-604 for your review. Please forward your findings to me no later than 5/26/2020.

HOWELL, TOWNSHIP OF
(LAND USE DEPT.)

B-135 L-14.01

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 135 LOT(S) 14.01 STREET 643 FORT PLAINS RD

APPLICANT: NAME MICHELLE GROSS

ADDRESS 643 FORT PLAINS RD.

PHONE [redacted]

PROPOSED USE:
- ____ Fence
- ____ Detached garage
- ____ Shed
- ____ Pool
- ____ Deck
- ____ Patio
- ____ Tennis Court
- ____
- ____ Antenna/Antenna Tower
- ____ Farm structure: Specify ____
- ✓ Other: Specify HANDICAPPED ACCESS RAMP

ZONE:

LOCATION OF STRUCTURE: Setback from right of way 90' feet (and 100' feet if a corner lot)
Side yard clearances 70' feet and 95' feet
Rear yard clearances ____ feet

DESCRIPTION OF STRUCTURE: Height 5'4" feet to highest point
Length 30' feet Width 4' feet

Type of fence: ____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: N/A $10.00 residential
FEE: N/A $20.00 non-residential

Ellen Gross 10/5/99
SIGNATURE OF APPLICANT DATE

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

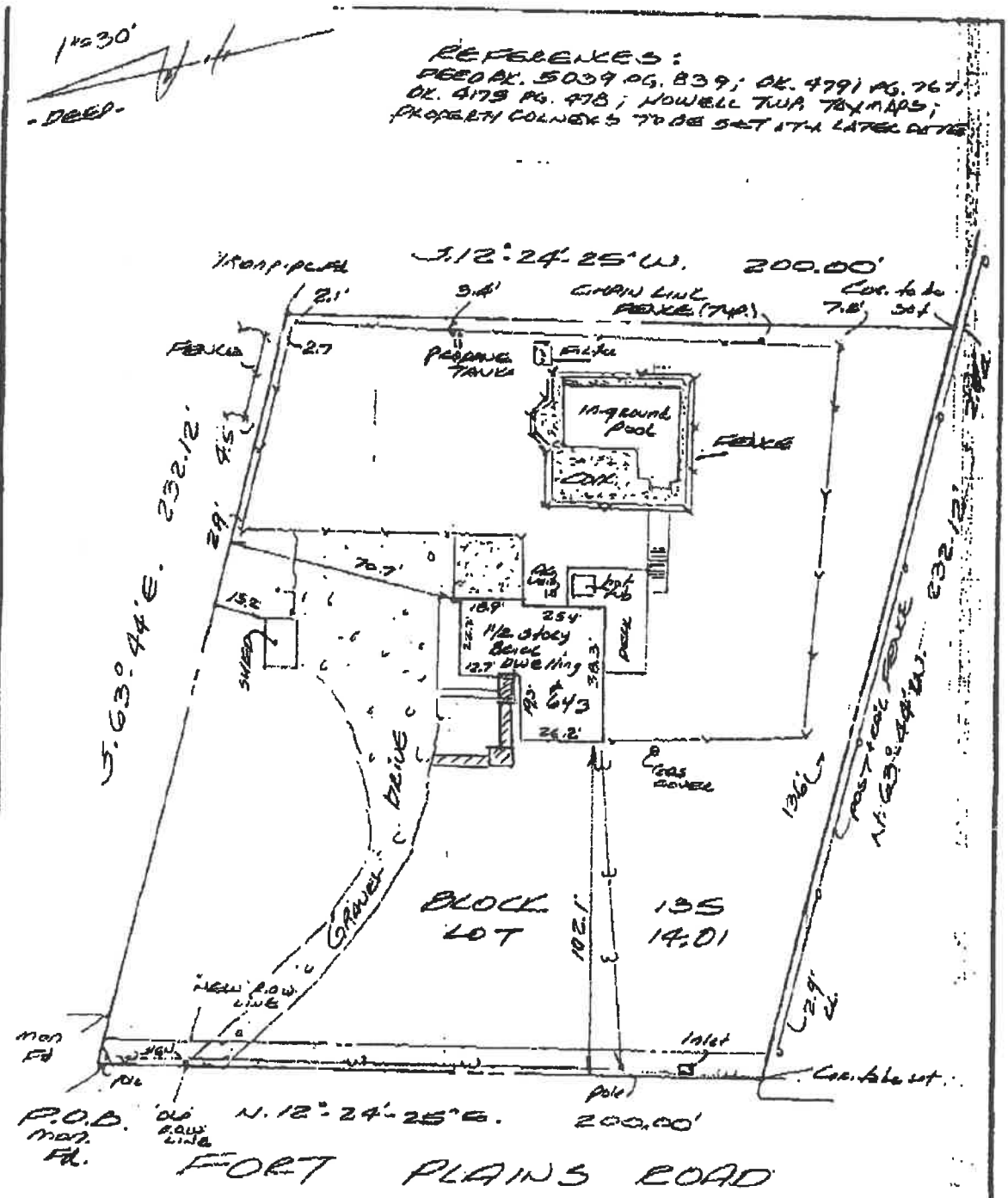
10/7/99
Date

Vito J. Mannarino
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: ____

REFERRALS:
- ____ To Building Dept.
- ____ To Zoning Bd.
- ____ To Engineering
- ____ To Planning Bd.
- ____ To Bd. of Health
- ____ To ____
- ____ To Fire Prevention
- ____ To M.U.A.
- ____ ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE



B S I

Brunswick Surveying Incorporated
Land Surveying
51 Stelton Road Piscataway, New Jersey 08854
(732) 752-0100

PLAN OF SURVEY

John A. & Michele L. Gross
Township of Howell
Monmouth County, New Jersey
Block 135 Lot 14.01

Surveyed: RH Work: 55299 Date: 4/13/99

I hereby certify this survey to: John A. Gross & Michele L. Gross, husband & wife; Mid-Jersey Title Agency, Inc.; Mario Apuzzo, Esq.; Waterfield Financial Corporation

ROBERT M. HORVATH N.J.L.S. 27673
RICHARD S. ZINN N.J.L.S. 24883

$10.00

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 135 LOT(S) 14.01 STREET Fort Plains Rd.

APPLICANT: NAME Robert D. Newman

ADDRESS 643 Fort Plains Road Howell NJ 07731

PHONE [redacted]

PROPOSED USE: ✓ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool ____ Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way ____ feet (and ____ feet if a corner lot)

Side yard clearances ____ feet and ____ feet

Rear yard clearances ____ feet

DESCRIPTION OF STRUCTURE: Height ✓ 4' feet to highest point

Length ____ feet Width ____ feet

Type of fence: black vinyl chain link (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ____ $10.00 residential
FEE: ____ $20.00 non-residential

X [signature] 7/29/97
SIGNATURE OF APPLICANT DATE

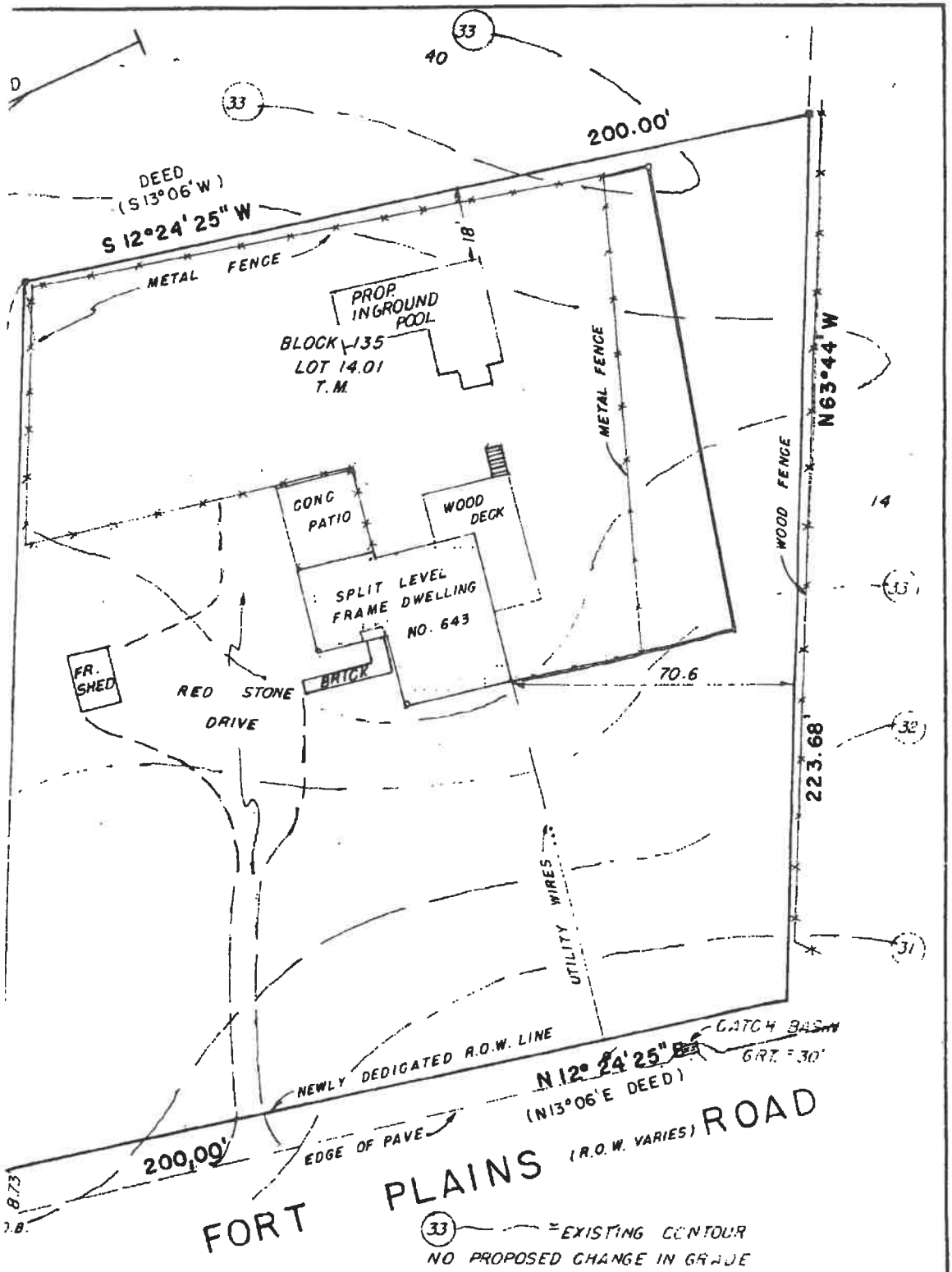
Based on the above application and the statements which are made part thereof, the proposed usuage is/is-not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

7-29-97 [signature]
Date HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: ✓

REFERRALS:
____ To Building Dept. ____ To Zoning Bd. ____ To Engineering
____ To Planning Bd. ____ To Bd. of Health ____ To ____
____ To Fire Prevention ____ To M.U.A. ____ ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE



WMAN, SINGLE

CAN MORTGAGE COMPANY, ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTERESTS

ABSTRACT COMPANY, STEWART TITLE GUARANTY COMPANY AND

ONIZIO, ESQ.

REV: MAR 31, 1996

GRADING PLAN

& REV: NOV. 9, 1995

SURVEY OF PROPERTY

TOWNSHIP OF HOWELL MONMOUTH COUNTY N.J.

SCALE 1" = 30' OCT. 25, 1990

LIC. NO. 15106

WALTER J. PARTINGTON

hereon named
ge of hereon
ct purchaser
assumed by
other purpose
ey for

This is a location survey.
Property corners were not set.

This survey is subject to any easement of record and other pertinent facts which may be disclosed by a title search.

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 135 LOT(S) 1401 STREET FORT PLAINS ROAD

APPLICANT: NAME ROBERT D. NEWMAN

ADDRESS 643 FORT PLAINS ROAD

PHONE [redacted] HOME [redacted]

PROPOSED USE: ____ Fence ____ Detached garage V Shed

ZONE: ____ Pool ____ Deck ____ Patio

____ Tennis Court ____ ____ Antenna/Antenna Tower

____ Farm structure: Specify ____

____ Other: Specify ____

LOCATION OF STRUCTURE: Setback from right of way ____ feet (and ____ feet if a corner lot)
Side yard clearances 12 feet and 150 feet
Rear yard clearances 100 feet

DESCRIPTION OF STRUCTURE: Height 6 feet to highest point
Length 14 feet Width 10 feet

Type of fence: ____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: ____ $10.00 residential
FEE: ____ $20.00 non-residential

X [signature] SIGNATURE OF APPLICANT DATE

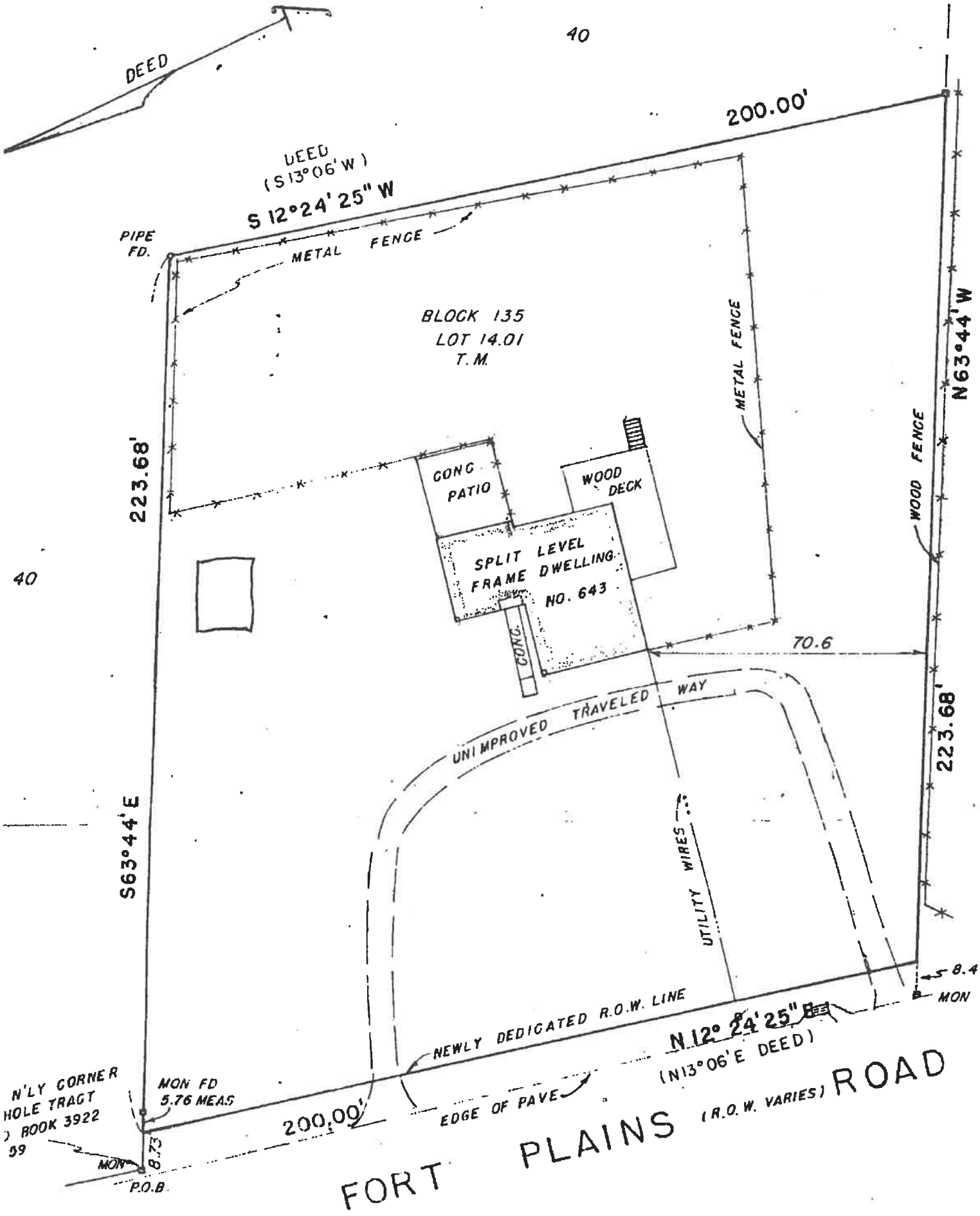
Based on the above application and the statements which are made part thereof, the proposed usuage is/is-not found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/disapproved.

5-3-94 [signature] HOWELL TOWNSHIP LAND USE OFFICER
Date

COMMENTS/EXPLANATIONS: ____

REFERRALS:
____ To Building Dept. ____ To Zoning Bd. ____ To Engineering
____ To Planning Bd. ____ To Bd. of Health ____ To ____
____ To Fire Prevention ____ To M.U.A. ____ ____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE


DEED
40
200.00'
DEED
(S 13°06'W)
S 12°24'25" W
PIPE FD.
METAL FENCE
BLOCK 135
LOT 14.01
T.M.
METAL FENCE
N 63°44'W
223.68'
CONC PATIO
WOOD DECK
SPLIT LEVEL
FRAME DWELLING
NO. 643
CONC
WOOD FENCE
40
70.6
UNIMPROVED TRAVELED WAY
223.68'
S 63°44'E
UTILITY WIRES
8.4
MON
NEWLY DEDICATED R.O.W. LINE
N 12° 24' 25" E
(N13°06'E DEED)
N'LY CORNER
HOLE TRACT
BOOK 3922
99
MON FD
5.76 MEAS
200.00'
EDGE OF PAVE
(R.O.W. VARIES)
ROAD
8.73
MON
P.O.B
FORT PLAINS

ERTIFIED TO:

Howell Township
P.O. Box 580
4567 Route 9 N.
Howell, NJ 07731-0580
(732) 938-4500

Date Issued: 5/13/2019
Application Number: ZA-19-00461
Application Date: 5/7/2019
Project Number:
Permit Number: ZP-19-00467
Fee: $85.00 CHK 1126

Land Use Certificate

Worksite Location: **643 FORT PLAINS ROAD**
Howell Township, NJ 07731

Owner: **DORF, CHRISTOPHER & JACLYN**
Address: **643 FORT PLAINS RD**
HOWELL, NJ 07731

Applicant:
Address: **, NJ**

Block: **135** Lot: **14.01** Qualifier: Zone: **ARE 2**

This Certifies that an application for the issuance of a Land Use Certificate has been examined.

Present Use: **Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Patio & Walkways**

Work Description:
Patio -

Decision Comments:
Approved for 20' x 33' patio and walkways per plan and application.

Application Approved Date: 5/8/2019

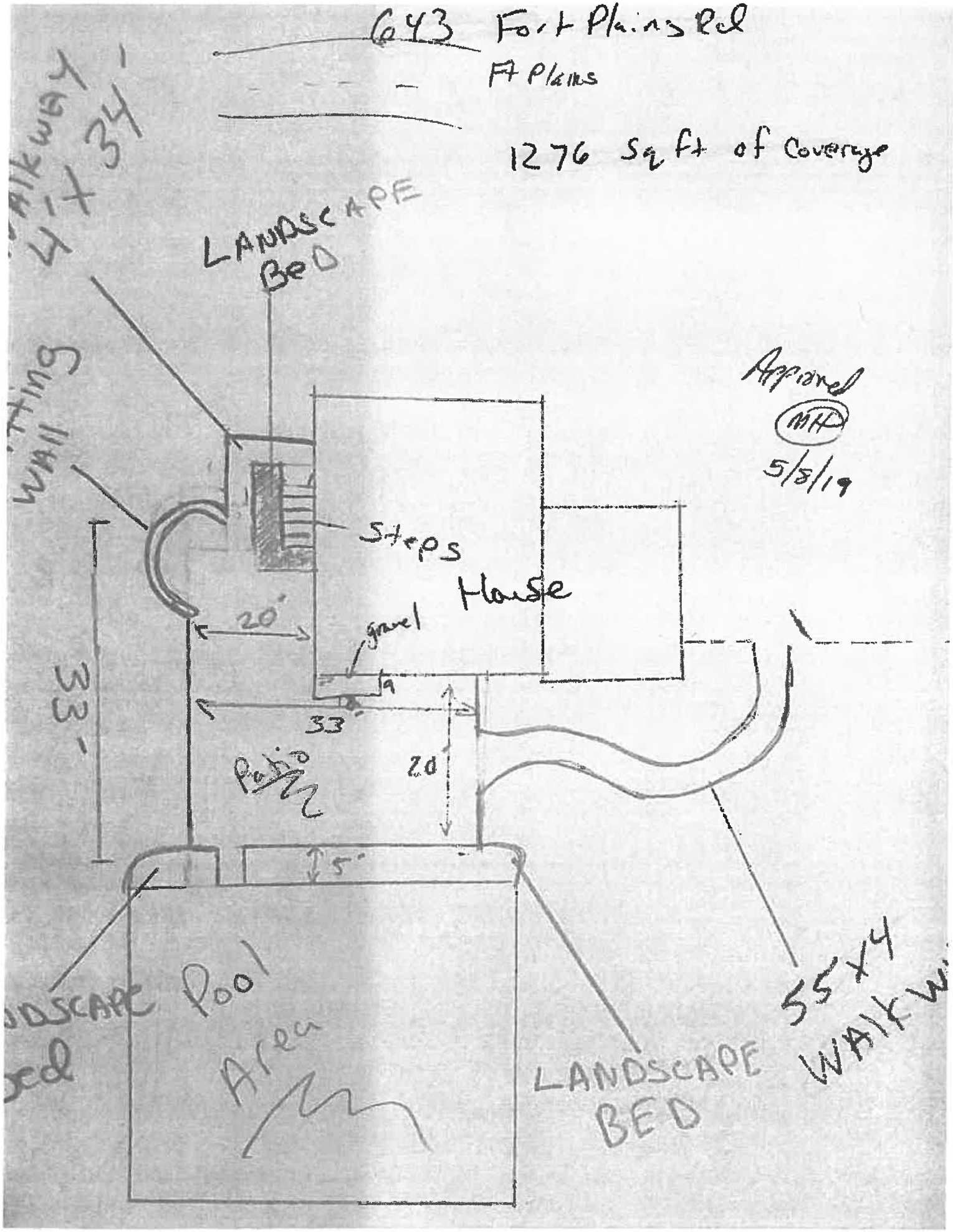
Upon review it was determined that the Land Use Certificate:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Additional Comments:
When the work is complete, please contact this office at 732-938-4500 extension 2330 to schedule a final inspection.

Matthew Howard, Director of Land Use — 5/13/2019 Date

Land Use Certificate


643 Fort Plains Rd
Ft Plains
1276 Sq ft of Coverage
WALKWAY
4' x 34'
LANDSCAPE
BED
RETAINING
WALL
Approved
MHP
5/8/19
Steps
House
20'
gravel
9
33'
33
Patio
20'
5'
LANDSCAPE
BED
Pool
Area
LANDSCAPE
BED
5' x 4'
WALKWAY

Howell Township
P.O. Box 580
4567 Route 9 N.
Howell, NJ 07731-0580
(732) 938-4500

Date Issued:	3/6/2020
Application Number:	ZA-20-00182
Application Date:	3/3/2020
Project Number:	
Permit Number:	ZP-20-00213
Fee:	$85.00 CHK 678

Land Use Certificate

Worksite **643 FORT PLAINS ROAD**
Location: **Howell Township, NJ**

Owner: **DORF, CHRISTOPHER & JACLYN**
Address: **643 FORT PLAINS RD**
HOWELL, NJ 07731

Applicant:
Address:

Block: **135** Lot: **14.01** Qualifier: Zone: **ARE 2**

This Certifies that an application for the issuance of a Land Use Certificate has been examined.

Present Use: **Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Storage Container**

Work Description:

Other - POD

Decision Comments:
Approved for Portable Storage Container (POD) in driveway per plan and application. POD must be removed after permit expiration of 4/27/20 based on NOV dated 2/27/20.

Application Approved Date: 3/4/2020

Upon review it was determined that the Land Use Certificate:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Matthew Howard, Director of Land Use — 3/6/2020 Date

Land Use Certificate

TOWNSHIP OF HOWELL

DEPARTMENT OF COMMUNITY DEVELOPMENT & LAND USE

4567 Route 9 North, 2nd Floor
Post Office Box 580
Howell, NJ 07731-0580

Phone: (732) 938-4500 x2300
Fax: (732) 414-3243
Web: www.twp.howell.nj.us

PORTABLE STORAGE CONTAINER APPLICATION

(temporary use only - 60 days)

Date of Application: 3-3-20

BLOCK: 135 **LOT:** 14.01

APPLICANT'S NAME: Jaclyn Dorf **PHONE #:** [redacted]

ADDRESS: 643 Fort Plains Road

OWNER'S NAME: Chris + Jaclyn Dorf

OWNER'S ADDRESS: 643 Fort Plains Road

OWNER'S PHONE #: [redacted]

LOCATION OF PORTABLE STORAGE CONTAINER: Driveway

ESTIMATED TIME OF USE: 60 Days

APPLICANT'S SIGNATURE: Jaclyn Dorf

PERMIT FEE $85.00

Size: 10' x 20' x 10'h
Temporary only: max = 60 days

***ALL PORTABLE STORAGE CONTAINERS MUST ABIDE BY THE RULES AND REGULATIONS SET FORTH IN ORDINANCE CHAPTER 307 OF THE GENERAL CODE OF THE TOWNSHIP OF HOWELL. A COPY OF THE ORDINANCE IS ATTACHED FOR REVIEW. A SURVEY OR DETAILED SKETCH MUST BE PROVIDED WITH THIS APPLICATION SHOWING EXACT LOCATION OF CONTAINER AND SETBACKS FROM ALL PROPERTY LINES.**

FOR OFFICIAL OFFICE USE ONLY BELOW

Date of Permit 3/4/2020 Permit# _____ Initials: MH

NOV = 2/27/2020 MH
Expires = 4/27/2020

Howell Township
P.O. Box 580
4567 Route 9 N.
Howell, NJ 07731-0580
(732) 938-4500

Date Issued:	3/19/2019
Application Number:	ZA-19-00207
Application Date:	3/11/2019
Project Number:	
Permit Number:	ZP-19-00234
Fee:	$85.00 CHK 618

Land Use Certificate

Worksite **643 FORT PLAINS ROAD**
Location: **Howell Township, NJ**

Owner: **DORF, CHRISTOPHER & JACLYN**
Address: **643 FORT PLAINS RD**
HOWELL, NJ 07731

Applicant: **DORF, CHRISTOPHER & JACLYN**
Address: **643 FORT PLAINS RD**
HOWELL, NJ 07731

Block: **135** Lot: **14.01** Qualifier: _____ Zone: **ARE 2**

This Certifies that an application for the issuance of a Land Use Certificate has been examined.

Present Use: **Residential**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Shed (2)**

Work Description:
Res. Const. - Acc. Structure / Shed / Pole Barn -

Decision Comments:
Approved for two (2) shed each measuring 10' x 12' x 8'h each with 0' setback. Property is using allowable allotment of 2 sheds with 0' setback. Sheds are for residential use only.

Application Approved Date: 3/18/2019

Upon review it was determined that the Land Use Certificate:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Additional Comments:
When the work is complete, please contact this office at 732-938-4500 extension 2338 to schedule a final inspection.

Matthew Howard, Director of Land Use — 3/19/2019 Date

Land Use Certificate

WEST FARM ROAD
ROUTE VARIES
LOT 40
S 63°44'00" E 223.88'
LOT 14
N 63°44'00" W 223.88'
1½ STORY DWELLING W/CRPS
IN-GROUND POOL
CHAIN LINK FENCE
4'
12'
10'
8'
Approved for two (2) sheds w/ 0' setbacks
3/18/19

Donna Belton

From: Paul Orlando
Sent: Monday, May 18, 2020 4:07 PM
To: Donna Belton
Subject: RE: OPRA 20-604
Attachments: 000000 (2).pdf; 00-0365.pdf; 03-3306.pdf; 94-0723.pdf; 94-2404.pdf; 96-0572.pdf; 98-1068.pdf; 99-2124.pdf; 1976.pdf; 8572.pdf; 23050-SKMBT_60113110113580.pdf; 23052-SKMBT_60113110114010.pdf; 59645-Block 135 Lot 14.01 replace gas water heater.pdf; 59648-Block 135 Lot 14.01.pdf; 108479-BLK135 - L14.01 CA ALARMS-2017-01-20.pdf; 630204-BLK135 - L14.01 CA DECK 8X12-2019-06-18.pdf; 680760-BLK 135 - L 14.01-CA-GAS LINE-2020-05-18.pdf; 680761-BLK 135 - L 14.01-CA-REMOVE OIL TANK-2020-05-18.pdf; 680762-BLK 135 - L 14.01 -CA-REPLACE FURNACE-2020-05-18.pdf

PLEASE FIND ATTACHED.NO OPEN UCC PERMITS OR VIOLATIONS FOUND AT THIS TIME

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Thursday, May 14, 2020 10:30 AM
To: Paul Orlando <porlando@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA 20-604

Good Morning,

Attached please find OPRA 20-604 for your review. Please forward your findings to me no later than 5/26/2020.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000
dbelton@twp.howell.nj.us

HOWELL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

HOWELL TOWNSHIP APPLICATION / CERTIFICATE OF CONTINUED OCCUPANCY

Note: No change in title or occupancy will be permitted without prior issuance of C/C/O

OWNER HELEN MARTIN **PICK UP [ ] **MAIL [ ]

1. PRINT- Mailing address for C/C/O
703 Ft. Plains Rd.

Daytime Phone No. ( ) [redacted]

2. STREET ADDRESS FOR INSPECTION
Block 135 Lot 14.01
711 Ft. Plains Rd.

***BOARD OF HEALTH MUST BE CONTACTED FOR WELL/SEPTIC (908) 431-7456**
NO C/C/O WILL BE ISSUED WITHOUT MONMOUTH COUNTY BOARD OF HEALTH APPROVAL ! * *

3. SYSTEM: A> WELL SEPTIC or (BOTH) (Circle One)

B> CITY WATER CITY SEWER or BOTH (Circle One)

4. OCCUPANCY DUE TO: SALE (RENTAL) TITLE CHANGE (Circle One)

5. Name/Address/Phone of ATTORNEY OR AGENT OF PROPERTY:

_____ Phone #_____

Please Note: A REINSPECTION FEE OF $25.00 WILL BE CHARGED SHOULD A THIRD INSPECTION BE REQUIRED DUE TO NON COMPLIANCE OF THE RESPONSIBLE PARTY MEETING THE SCHEDULED INSPECTION DATE AND TIME, OR CAUSING THE INSPECTION TO BE DELAYED.** ***Rescheduling will be done only after fee is paid to the Department.

FEE SCHEDULE IS AS FOLLOWS: PAYMENT MUST ACCOMPANY APPLICATION !

Residential - w/City Water & Sewer.....$25.00 [ ] **PAYMENT ENCLOSED**

Residential- w/Well and/or Septic.....$35.00 [X] *CHECK #_____ CASH [X] Pd. Cash*

B-*ALL COMMERCIAL C/C/O'S REQUIRE APPLICATION FROM THE HOWELL TOWNSHIP FIRE BUREAU PRIOR TO PROCESSING AND ISSUANCE*

Commercial - w/City Water & Sewer.....$50.00 [ ] PAYMENT ENCLOSED

Commercial - w/Well and/or Septic.....$60.00 [ ] *CHECK #_____ CASH [ ]*

++

BECAUSE OF PROCESSING AND SCHEDULING TIME, THERE WILL BE NO REFUNDS OF APPLICATION FEES IN THE EVENT OF CANCELLATION ON THE PART OF THE APPLICANT.

I understand the above and will allow the Municipal Inspector onto the above property at any reasonable time.

x Helen Martin *Date of Application* 12/3/96
Authorized Signature

==========

FOR OFFICE USE ONLY

OPEN PERMITS? NO YES..INSP. REQUIRED_____

DATE OF INSPECTION 12/5

TOWNSHIP OF HOWELL, P.O. BOX 580, HOWELL, NJ 07731
ATTN: C/C/O DEPARTMENT

THIS APPLICATION MUST BE TAKEN AND SIGNED BY LAND USE FOR COMPLETE PROCESSING.

OVER

REV.. 7/11/95

** NO CCO WILL BE ISSUED WITHOUT THE BELOW CERTIFICATION SIGNATURES FROM THE DEPARTMENT OF LAND USE **

RESIDENTIAL

I, (print) Helen Martin, hereby certify that I am the Owner [ ]

Agent [ ] (X one box) for the property in Howell, located at 711 St. Louis

known as Block 135 Lot 1401, and that meeting all requirements,

a C/C/O will be issued for a ONE FAMILY RESIDENTIAL USE ONLY..... AS IT

CURRENTLY EXISTS.

*Land Use Office, please specify other useage if applicable*_____

I also attest to the fact that NO rubbish/debris/bulk garbage will be left on this property prior to new occupancy. FAILURE TO COMPLY WILL RESULT IN RETRACTION OF C/C/O AND SUMMONS WILL BE ISSUED. THIS APPLIES TO ALL PROPERTY WITHIN HOWELL TOWNSHIP !

H. Helen Martin — 12/3/96
Owner/Agent — Dated

Julie Leary — 12-3-96
Land Use Officer — Dated

COMMERCIAL/INDUSTRIAL

I, (print)_____, hereby certify

that I am the Owner [ ] Agent [ ] (X one) for the property in Howell located

at:_____, known as:

BLOCK_____ LOT_____ and meeting all requirements., a C/C/O will be issued for the "existing use" which is currently:

Be Specific_____

_____

Describe New Proposed Use (Be Specific)_____

_____

_____ _____
Owner/Agent — Dated

_____ _____
Land Use Officer — Dated

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A C/C/O IS TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMUM REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTALLY BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTLY PROTECT THEMSELVES WITH REGARD TO THE PREMISES BEING OCCUPIED, AS INSPECTION SUCE AS THESE REQUIRE JUDGEMENT IN DIFFICULT AREA AND AS THE WHOLE AND NOT FOR THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE ISSUANCE OF A C/C/O .

251 Preventorium Road
Howell, N.J. 07731

(908) 938-4500
Fax 938-6492

TOWNSHIP OF HOWELL

OFFICE OF HOUSING INSPECTIONS

Housing Inspection Report of: Date 12/5/96

NAME: Martin BLOCK 135 LOT 14.01

ADDRESS: 711 Ft Plains Rd. ZONE

Residential [✓] Rental Commercial ( )

Well [✓] Septic [✓] City Water [ ] City Sewer [ ]

Type of heat: oil Type of siding wood

Basement crawl Garage N/A

FIRST floor 3 bedrooms | family | kitchen | full bath | livingroom

SECOND floor

VIOLATIONS NOTED AT TIME OF INSPECTION:

- Contact Monmouth Cty Bd of Hlth # 431-7456
repair roof
repair gutters
finishing flooring throughout
floor in kitchen caving in
cover all open electrical boxes + light junction boxes
smoke detector needed by bedroom
furnace cert. needed

*THE ABOVE VIOLATIONS MUST BE CORRECTED WITHIN 15 DAYS. UPON COMPLETION OF THE ABOVE, NOTIFY THIS OFFICE 72 HOURS PRIOR TO SCHEDULING A RE-INSPECTION.

C/C/O will be mailed C/C/O will be picked up

INSPECTOR DATE 12-5-96

THIS INSPECTION REPORT IS NOT TO BE USED AS/OR IN PLACE OF ACTUAL CERTIFICATE OF CONTINUED OCCUPANCY (C/C/O).

(Revised 12/18/95)

Lot # 4.01 - Block # 135

LANDLORD REGISTRATION STATEMENT

ADDRESSOF PREMISES RENTED: 711 Fort Plains Rd

Pursuant to the terms of N.J.S.A. 46:8-27 et seq., the following information is being supplied to the tenant. A copy of this information is also on file with the Municipal Clerk of the Township or Borough in which the premises herein described are located.

A. The name and address of the record owner of these premises is (if the record owner is a corporation the name and address of the registered agent and corporate officers of said corporation have to be supplied. If the address of a record owner is not located in the County in which the premises are located, the name and address of a person who resides in or has an office in the County in which the premises are located and is authorized to accept notices from a tenant and to issue receipts therefore, and to accept service of process on behalf of the record owner must be inserted).
Helen Martin - 703 Fort Plains Rd Howell NJ 07731

B. The name and address of the managing agent of the premises Helen Martin.

C. The name, address, and apartment number of the superintendent, janitor, custodian or other individual employed by the record owner to provide regular maintenance service Helen Martin 363-8311.

D. The name, address and telephone number of an individual representative of the record owner who may be reached or contacted at any time in the event of an emergency effecting the premises. Roxbelle Miller 732-780-4742

E. The name and address of every holder of a recorded mortgage on the premises SAME AS Above.

F. The date upon which this information was prepared 3/17/98.

Helen Martin
RECORD OWNER OF PREMISES

REGISTERED AGENT OR ASSIGN

TOWNSHIP OF HOWELL
RECEIVED
1998 MAR 17 P 2:15
CLERK'S OFFICE

cc: Code

Lot # 4.01 - Block # 135

LANDLORD REGISTRATION STATEMENT

ADDRESSOF PREMISES RENTED: 711 Fort Plains Rd

Pursuant to the terms of N.J.S.A. 46:8-27 et seq., the following information is being supplied to the tenant. A copy of this information is also on file with the Municipal Clerk of the Township or Borough in which the premises herein described are located.

A. The name and address of the record owner of these premises is (if the record owner is a corporation the name and address of the registered agent and corporate officers of said corporation have to be supplied. If the address of a record owner is not located in the County in which the premises are located, the name and address of a person who resides in or has an office in the County in which the premises are located and is authorized to accept notices from a tenant and to issue receipts therefore, and to accept service of process on behalf of the record owner must be inserted).
Helen Martin - 703 Fort Plains Rd Howell NJ 07731

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Rochelle Miller 732-780-4742

E. The name and address of every holder of a recorded mortgage on the premises SAME AS Above.

F. The date upon which this information was prepared 3/17/98.

TOWNSHIP OF HOWELL
RECEIVED
1998 MAR 17 P 2:15
CLERK'S OFFICE

cc: Code

Helen Martin
RECORD OWNER OF PREMISES

REGISTERED AGENT OR ASSIGN

TOWNSHIP of HOWELL

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

(732) 938-4500
FAX (732) 938-6492

Date: July 14, 1998

Property Owner: Helen Martin
Address: 703 Fort Plains Rd
Howell, NJ 07731

REFERENCE: 711 Fort Plains Rd
Block 135 Lot 14.01

Dear Property Owner,

It has been brought to my attention that the above property is currently being occupied without a Certificate of Continued Occupancy. Please be advised that under Howell Township Municipal Codes, a Certificate of Continued Occupancy **must be obtained prior to occupancy of any rental or re-sold property.**

Occupancy without first securing a C/C/O is in violation of Township Ordinances and failure to comply shall result in summonses being issued and a court appearance will be required.

I anticipate your complete cooperation in this matter as I will be checking my inspection schedule for your compliance by : July 28, 1998.

An application has been enclosed for your convenience. Should you need assistance with the application process, please contact this office.

Respectfully,

P. Hoover (es)

Patricia L. Hoover
Housing Inspector

PLH/eb
Enc.

cc: Legal File

BLOCK 135 LOT 14.01 QUALIFICATION CODE _____ ADDRESS (SITE) 643 FORT PLAINS RD PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 643 FORT PLAINS RD
2. Name of Owner in Fee: JOHN & MICHELE GROSS Tel. ([redacted]
   Address 643 FORT PLAINS RD (street) HOWELL (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ANTHONY GELVERINO Tel. (732) 607-0423
   Address 29C TEACH LANE OLD BRIDGE N.J.
   License No. OR, if new home, Builder Reg. No. 29866 Exp. Date _____
   Federal Employee No. [redacted] FAX: (_____) _____
5. Architect or Engineer N/A Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work A. GELVERINO
   Tel. (732) 607-0423 FAX (732) 607-0423

Window

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 46-		
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.	Height of Structure _____ ft.	
3.	Area — Largest Floor _____ sq. ft.	
4.	New Building Area _____ sq. ft.	
5.	Volume of New Structure _____ cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed _____ 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	

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
			3/6/00	GB			

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:

U.C.C. F100-1 (rev. 3/98)

LDS HW-B 10114021

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 _____

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 ANTHONY GELSERINO

Address 29C PEACH LANE
OLD BRIDGE NJ. 08857

Telephone (723) 607-0423

Signature Anthony Gelserino

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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 4-26-00
Control #
Permit # 00-365

CERTIFICATE

IDENTIFICATION

Block 135 Lot 14.01
Work Site Location Same as below

Owner in Fee/Occupant Gross
Address 643 Ft Plains Rd
Howell, NJ 07731
Tele. ( ) [redacted]
Contractor Genevrino
Address 29C Peach Ln
Old Bridge, NJ
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
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 window installation

☐ **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 _____, 19____ 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 _____.

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL Gary M. Bl

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

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

CONSTRUCTION PERMIT

Date Issued 3-6-00
Control #
Permit # 00-365

IDENTIFICATION Block 135 Lot 14.01
Work Site Location 643 FORT PLAINS RD HOWELL
Owner in Fee JOHN & MICHELLE GROSS
Address 643 FORT PLAINS RD HOWELL
Tel. ([redacted] 683-[redacted]

Contractor ANTHONY GENEVRINO
Address 29 C BEACH LANE OLD BRIDGE, N.J. 08857
Tel. (732) 607-0423
Lic. No. or Bldrs. Reg. No. 79866
Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: FRAME ROUGH OPENING FOR AN ANDERSON FLEX FRAME WINDOW 18" X 50"

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 $ 750.00

EM (lg)
Construction Official

3-6-00
Date

PAYMENTS (Office Use Only)

Building	46
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occupancy	
Other	
Total	47
Check No.	6036
Cash	
Collected by	JH

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

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

(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.

U.C.C. Form F-1700

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3-6-00
Date Issued
Control #
Permit # 00-365

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

Block 135 Lot 14.01
Work Site Location 643 FORT PLAINS ROAD
HOWELL
Owner in Fee JOHN & MICHELLE GROSS
Address 643 FORT PLAINS ROAD
HOWELL
Tele. [redacted]
Contractor ANTHONY GENOVESE
Address 29 C BEACH LANE
OLD BRIDGE, N.J.
Tele. (732) 607-0423 Fax (732) 607-0423
Lic. No. or Bldrs. Reg. No. 29866
Federal Emp. No. [redacted]

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 Anthony Genovese

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FRAME ROUGH OPENING FOR AN ANDERSON FLEX-FRAME FIXED WINDOW 18" WIDE X 50" HEIGHT. MINIMUM 2X6 HEADER AND 2X4 LINER STUDS IN EXISTING FAMILY ROOM.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[X] Frame	3/6/00	GB
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL:		
[ ] CO [ ] CCO [X] CA		
Date: 4/27/00		
Approved by: GB		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame			4-13-00	CG
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4/25/00	P.C.F.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor N/A Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 750.00
3. Total (1+2) $ 750.00

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

[ ] Demolition

FEE (Office Use Only)

$ 46.00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1.00
TOTAL FEE	$

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3-6-00
Date Issued
Control #
Permit # 00-365

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

Block 135 Lot 14.01
Work Site Location 643 FORT PLAINS ROAD
HOWELL
Owner in Fee JOHN & MICHELLE GROSS
Address 643 FORT PLAINS ROAD
HOWELL
Tele. ([redacted] 1954
Contractor ANTHONY GELSOMINO
Address 29 C ARCH LANE
OLD BRIDGE, N.J.
Tele. (732) 607-0423 Fax (732) 607-0423
Lic. No. or Bldrs. Reg. No: 29866
Federal Emp. No. [redacted]

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 Anthony Gelsomino

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FRAME ROUGH OPENING FOR AN ANDERSON FLEX-FRAME FIXED WINDOW 18" WIDE X 50" HEIGHT. MINIMUM 2X6 HEADER AND 2X4 LINER STUDS IN EXISTING FAMILY ROOM.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[X] Footing		
[ ] Foundation		
[X] Frame	3/6/00	GB
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/27/00
Approved by: GB

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

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

[ ] Demolition

FEE (Office Use Only)

$	
	40
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1.-
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-3
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor N/A Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure: _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

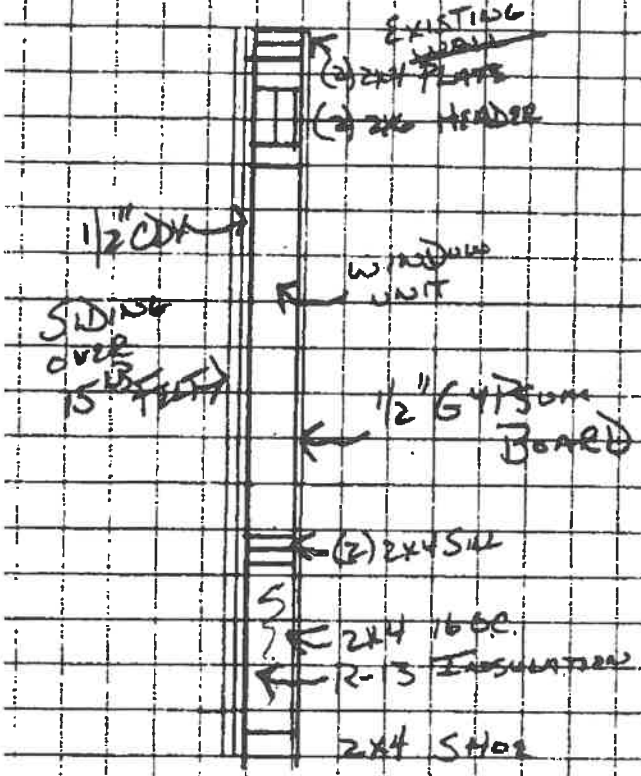
Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 750.00
3. Total (1+ 2) $ 750.00

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

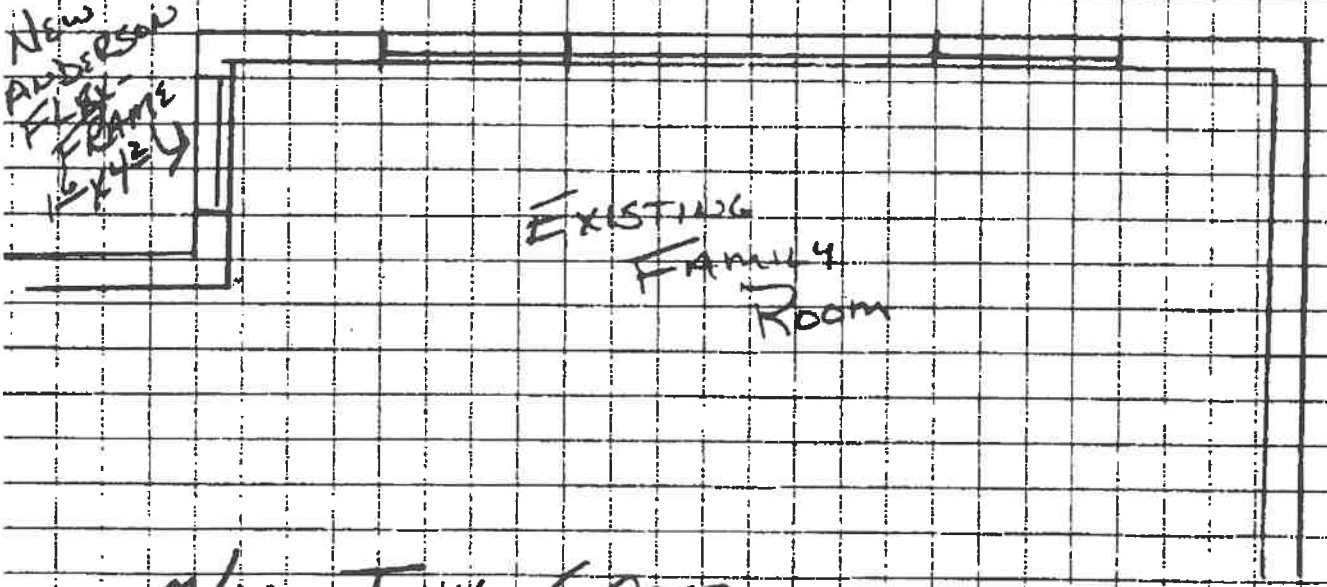
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

WINDOW OPENING DETAIL

SCALE 1/2" = 1'-0"



PLOT PLAN



M/M JOHN GROSS

643 FORT PLAINS RD

HOWELL, N.J.

BLK 135 LOT 14.01

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME Gross BLOCK 135 LOT 14.01

ADDRESS 643 Ft Plains ZONING RELEASE

DATE SUBMITTED 3-3-00

DEVELOPMENT Window

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING ✓	3/6/00	GB	OK	
PLUMBING				
FIRE				
ELECTRICAL				
MECHANICAL				
SEPTIC				
OTHER				

CCCLERK

BLOCK 135 LOT 14.01 QUALIFICATION CODE 210289 ADDRESS (SITE) _____ PERMIT NO. _____

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

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 643 FORT PLAINS RD
2. Name of Owner in Fee: Michelle Gross Tel. [redacted]
   Address 643 Fort Plains Rd Howell
   street municipality zip code
3. Ownership in Fee: Public _____ Private Private
4. Principal Contractor: AGWAY Energy Prodcts Tel. (732) 462-2073
   Address 150 Halls Mill Rd Freehold 07728
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee [redacted] FAX: (732) 462-1124
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work William LAWSON
   Tel. (732) 462-2073 FAX (732) 462-1124

(INSTALL W/H-L.P)

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.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed 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	565.00
7.	☐ Electrical	
8.	☐ Elevator Devices	
9.	☐ Asbestos Abat. Subch. 8	
10.	☐ Lead Hazard Abatement	
11.	☐ Demolition	
	TOTAL COSTS	565.00

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
			11/1/03	AB.			

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:

U.C.C. F100-1 (rev. 3/96)

LDS HW-B 10114026

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 _____

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.

(X) Check if contractor:

Agent Name AGWAY ENERGY Products LLC

Address 150 HOLLS MILL RD P.O. Box 6547

Freehold 07728

Telephone (732) 462-2073

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.				

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL NJ 07731
732-938-4500

CERTIFICATE

IDENTIFICATION

Date Issued: 02/03/2004
Control #: 26289
Permit # 20033306

Block: 135 Lot: 14.01 Qual:

Work Site: 643 FORT PLAINS ROAD
HOWELL

Owner in Fee: GROSS, JOHN & MICHELLE
Address: 643 FORT PLAINS ROAD
HOWELL NJ 07731
Telephone: [redacted]

Agent/Contractor: AGWAY ENERGY PRODUCTS LLC
Address: 150 HALLS MILL ROAD
FREEHOLD NJ 07728
Telephone:

Lic. No./ Bldrs. Reg.No.: L022939 Federal Emp. No.: [redacted]
Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-3
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load:
Certificate Exp Date:
Description of Work/Use: HOT WATER HEATER INSTALLATION

[ ] **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.

[X] **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.

C. Phillips 2/4/04

Chet Phillips Construction Official

U.C.C 360 (rev. 3/96)

[ ] **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

Fees $0.00
Paid [X]Check No 082415131
Collected by KH

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 12/19/03
Control # 026389
Permit # 20033006

IDENTIFICATION Block 135 Lot 14.01
Work Site Location 643 Fort Plains Rd

Owner in Fee Michelle CTRoad
Address 643 Fort Plains Rd
Howell
Tel. ([redacted)

Contractor AGWAY Energy Products
Address 150 Hall's Mill Rd
Freehold 07728
Tel. (732) 462-2073
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Install Water Heater (Replacement)

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 $ 565.00

(PL&D)
Construction Official

12/19/03
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	46
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1
Cert. of Occupancy	
Other	
Total	47
Check No.	0024151131
Cash	
Collected by	(KH)

(see reverse side)

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

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

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.

U.C.C. Form F-170D

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL, NJ 07731
732 - 938-4500

Permit Number: 20033306
Permit Date: 12/19/2003
Update Number:
Control Number: 26289
Application Date: 11/26/2003

CONSTRUCTION PERMIT

IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 135 Lot : 14.01 Qual :

Work site Location:	643 FORT PLAINS ROAD HOWELL	Contractor:	AGWAY ENERGY PRODUCTS LLC
Owner In Fee:	GROSS, JOHN & MICHELLE	Address:	150 HALLS MILL ROAD
Address:	643 FORT PLAINS ROAD		FREEHOLD NJ 07728
	HOWELL NJ 07731	Telephone:	() -
Telephone:	[redacted]	Lic. No. / Bldrs. Reg. No.:	L022939
Use Group(s):	R-3	Federal Emp. No.:	[redacted]

is hereby granted permission to perform the following work :

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

DESCRIPTION OF WORK:
HOT WATER HEATER INSTALLATION

ESTIMATED COST OF WORK:

Cost of Construction:	0.00
Cost of Alteration:	565.00
Cost of Demolition:	0.00
Total Cost:	$565.00

If construction does not commence within one year of date of issuance, or if construction ceases for a period of six months, this permit is void.

Chet Phillips
Construction Official

12/19/03
Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	$46.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	$1.00
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	$47.00
All Fees Waived :	No

Amount to be Paid:	**$47.00**
Check Number:	82415131
Check amount:	$47.00

Collected by:	KH
Receipt No:	
Total Cash Amount	
Total Check Amount	$47.00
Total CC Amount	
Grand Total	$47.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!!

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12/19/03
Date Issued
Control # 20289
Permit # 20033806

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

Block 135 Lot 14.01
Work Site Location 643 Fort Plains Rd
Owner in Fee Michelle Grass
Address 643 Fort Plains Rd Howell
Tele [redacted]
Contractor NICK TERZI PLMB & HTG
Address 1414 Wallace Dr Toms River, NJ
Tele. (732) 244-7667 Fax ( )
Lic. No. 6527
Federal Emp. No. [redacted]

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 $ 565.00

JOB SUMMARY (Office Use Only) Replacement

PLAN REVIEW
[T] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/1/03
Approved by: Allen Haertel

SUBCODE APPROVAL
[ ] CO [ ] CCO [T] CA
Date: 2/2/04
Approved by: Allen Haertel

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
FINAL	1/29/04		2/2/04	

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.

Michele C. Dy.
Signature — Contractor's Seal

[T] Licensed Plumbing Contractor [ ] Exempt Applicant

↓ 01/29/04 - cancelled

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

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

Administrative Surcharge	$
Minimum Fee	$ 46
DCA Training Fee	$ 1
TOTAL FEE	$ 47

U.C.C. F130 (rev. 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

NOTE
2/2/04 – checked gas line to water heater – OK. with gas detector – checked. OK

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12/4/03
Date Issued
Control # 20289
Permit # 20033006

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

Block 135 Lot 14.01
Work Site Location 643 Fort Plains Rd
Owner in Fee Michelle Grass
Address 643 Fort Plains Rd
Howell
Tele. [redacted]
Contractor Nick Terzi Plmb & Htg
Address 1419 Wall Ave
Toms River, NJ
Tele. (732) 244-7667 Fax ( )
Lic. No. 6827
Federal Emp. No. [redacted]

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 $ 566.00

JOB SUMMARY (Office Use Only) Replacement

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 12/1/03
Approved by: Wm. Hoosier

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

Administrative Surcharge	$
Minimum Fee	$ 46
DCA Training Fee	$ 1
TOTAL FEE	$ 47

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

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

BRADFORD WHITE

RESIDENTIAL ENERGY SAVER GAS, UPRIGHT WATER HEATERS

- 6 year limited warranty on tank
- 6 year limited parts warranty

Meets C.E.C. Title 24, SCAQMD rule 1121. These heaters are "Energy Saver" models that meet NEACA requirements and will qualify for utility rebates for energy efficiency. 2" non-CFC foam insulation covers the sides and top of tank, saving energy by retarding loss of heat. Flue baffle is designed to maximize the amount of heat absorbed in the lower portion of tank. Minimizes air movement in the heater during standby periods to retard heat loss up the flue. Fully automatic controls with built-in energy cut-off switch prevents abnormally high water temperature for extra safety. Protective magnesium anode rod provides added protection against corrosion for long trouble-free service. Vitraglas® lining provides a tough interior surface for the hot water tank. Factory installed Hydrojet® Total Performance System helps prevent sediment build up in the tank. Increases first hour of delivery hot water while minimizing temperature build up at top of tank. Additional features include factory installed dielectric waterway fittings, brass drain valve, "snap-lock" draft diverter, T&P relief valve opening and exclusive "Slider" combustion chamber door. Equiguard® Extended Service Agreements are available for Bradford White Water Heaters. Refer to page 90 for more information.

CAT. NO.	MFG. NO.	TANK CAPACITY	GAS	BTUH INPUT	RECOVERY @ 90° RISE	DIMENSIONS HEIGHT*	DIA.	FLUE	WEIGHT	EACH
9W119N	M-I-403T6EN	40 gal.	Nat.	40,000	41 gph	61-1/2"	20"	3"	129	463.66
9W121N	M-I-50S6EN	50 gal.	Nat.	40,000	43 gph	60-1/4"	22"	3"	150	503.84

*floor to flue.

STANDARD ENERGY SAVER GAS WATER HEATERS

- 6 or 10 year limited warranty on tank
- 6 year limited parts warranty

Energy saving operation, quality and efficiency at an affordable price. The best selection for cost-conscious new or replacement applications. Features include Vitraglas® tank lining and magnesium anode rod for maximum corrosion resistance, Hydrojet® Total Performance System for peak efficiency and reduced sediment build-up and exclusive "Slider" combustion chamber door (except 75 and 100 gallon models). Other standard features include fast-acting thermostat, factory installed dielectric waterway fittings, pressure/temperature relief valve, snap-lock draft diverter, and brass drain valve. 75 and 100 gallon models have additional side tappings for connection of space heating devices such as duct coils. 1" non-CFC foam insulation surrounds the tank surface, saving energy by retarding loss of heat (except M-I-75 1-1/4" and M-I-100T 2"). Equiguard® Extended Service Agreements are available for Bradford White Water Heaters. Refer to page 90 for more information.

Models with 10-year limited tank warranty:

CAT. NO.	MFG. NO.	TANK CAPACITY	STYLE	GAS	BTUH INPUT	RECOVERY @ 90° RISE	DIMENSIONS HEIGHT*	DIA.	FLUE	WEIGHT	EACH
9W106N	M-I-403S10EN	40 gal.	Standard	Natural	40,000	41 gph	51"	20"	3"	131	578.18
9W106P	M-I-403S10CX	40 gal.	Standard	LP	40,000	41 gph	51"	20"	3"	131	578.07
9W113N	M-I-50L10EN	48 gal.	Lowboy	Natural	40,000	41 gph	51"	22"	3"	148	624.19
9W113P	M-I-50L10CX	48 gal.	Lowboy	LP	38,000	39 gph	51"	22"	3"	148	624.07

Models with 6-year limited tank warranty:

9W100N	M-I-30T6EN	30 gal.	Tall	Natural	32,000	33 gph	59-1/4"	16"	3"	102	378.36
9W100P	M-I-30T6CX	30 gal.	Tall	LP	32,000	33 gph	59-1/4"	16"	3"	102	478.28
9W101N	M-I-30T6EN**	30 gal.	Tall	Natural	32,000	33 gph	59-1/4"	16"	3"	102	371.38
9W102N	M-I-30S6EN	30 gal.	Short	Natural	30,000	31 gph	48-1/4"	18"	3"	98	378.36
9W102P	M-I-30S6CX	30 gal.	Short	LP	30,000	31 gph	48-1/4"	18"	3"	98	478.28
9W104N	M-I-40T6EN	40 gal.	Tall	Natural	40,000	41 gph	59-1/2"	18"	3"	116	380.87
9W104P	M-I-40T6CX	40 gal.	Tall	LP	38,000	39 gph	59-1/2"	18"	3"	116	486.76
9W106N	M-I-403S6EN	40 gal.	Short	Natural	40,000	41 gph	51"	20"	3"	131	380.87
9W106P	M-I-403S6CX	40 gal.	Short	LP	40,000	41 gph	51"	20"	3"	131	480.79
9W126N	M-I-404T6EN	40 gal.	Tall	Natural	50,000	51 gph	61-12"	18"	4"	123	657.32
9W110N	M-I-5036EN	50 gal.	Standard	Natural	40,000	41 gph	60-1/4"	20"	3"	148	473.28
9W110P	M-I-5036CX	50 gal.	Standard	LP	40,000	41 gph	60-1/4"	20"	3"	148	573.19
9W111N	M-I-504S6EN	50 gal.	Standard	Natural	50,000	51 gph	60-1/4"	20"	4"	144	580.58
9W111P	M-I-504S6CX	50 gal.	Standard	LP	50,000	51 gph	60-1/4"	20	4"	144	617.00
9W112N	M-I-50L6EN	48 gal.	Lowboy	Natural	40,000	41 gph	51"	22"	3"	148	724.28
9W112P	M-I-50L6CX	48 gal.	Lowboy	LP	38,000	39 gph	51"	22"	3"	148	624.19
9W114N	M-I-75S6EN	75 gal.	Standard	Natural	76,000	78 gph	63-3/4"	24-1/2"	4"	264	969.05
9W114P	M-I-75S6CX	75 gal.	Standard	LP	75,000	78 gph	63-3/4"	24-1/2"	4"	264	1068.93
9W116N	M-I-100T6EN	100 gal.	Tall	Natural	85,000	92 gph	68-11/16"	28-1/4"	4"	428	2058.65
9W116P	M-I-100T6CX	100 gal.	Tall	LP	88,000	90 gph	68-11/16"	28-1/4"	4"	428	2155.37

* floor to flue. ** Relief valve screws into the top of the heater instead of the side.

BRADFORD WHITE

RESIDENTIAL ENERGY SAVER GAS, UPRIGHT WATER HEATERS

- 6 year limited warranty on tank
- 6 year limited parts warranty

Meets C.E.C. Title 24, SCAQMD rule 1121. These heaters are "Energy Saver" models that meet NBACA requirements and will qualify for utility rebates for energy efficiency. 2" non-CFC foam insulation covers the sides and top of tank, saving energy by retarding loss of heat. Flue baffle is designed to maximize the amount of heat absorbed in the lower portion of tank. Minimizes air movement in the heater during standby periods to retard heat loss up the flue. Fully automatic controls with built-in energy cut-off switch prevents abnormally high water temperature for extra safety. Protective magnesium anode rod provides added protection against corrosion for long trouble-free service. Vitraglas® lining provides a tough interior surface for the hot water tank. Factory installed Hydrojet® Total Performance System helps prevent sediment build up in the tank. Increases first hour of delivery hot water while minimizing temperature build up at top of tank. Additional features include factory installed dielectric waterway fittings, brass drain valve, "snap-lock" draft diverter, T&P relief valve opening and exclusive "Slider" combustion chamber door. Equiguard® Extended Service Agreements are available for Bradford White Water Heaters. Refer to page 90 for more information.

CAT. NO.	MFG. NO.	TANK CAPACITY	GAS	BTUH INPUT	RECOVERY @ 90° RISE	DIMENSIONS HEIGHT*	DIA.	FLUE	WEIGHT	EACH
9W119N	M-4-403T6EN	40 gal.	Nat.	40,000	41 gph	61-1/2"	20"	3"	129	463.86
9W121N	M-4-50S6EN	50 gal.	Nat.	40,000	43 gph	60-1/4"	22"	3"	150	603.84

*floor to flue.

STANDARD ENERGY SAVER GAS WATER HEATERS

- 6 or 10 year limited warranty on tank
- 6 year limited parts warranty

Energy saving operation, quality and efficiency at an affordable price. The best selection for cost-conscious new or replacement applications. Features include Vitraglas® tank lining and magnesium anode rod for maximum corrosion resistance, Hydrojet® Total Performance System for peak efficiency and reduced sediment build-up and exclusive "Slider" combustion chamber door (except 75 and 100 gallon models). Other standard features include fast-acting thermostat, factory installed dielectric waterway fittings, pressure/temperature relief valve, snap-lock draft diverter, and brass drain valve. 75 and 100 gallon models have additional side tappings for connection of space heating devices such as duct coils. 1" non-CFC foam insulation surrounds the tank surface, saving energy by retarding loss of heat (except M-I-75 1-1/4" and M-I-100T 2"). Equiguard® Extended Service Agreements are available for Bradford White Water Heaters. Refer to page 90 for more information.

Models with 10-year limited tank warranty:

CAT. NO.	MFG. NO.	TANK CAPACITY	STYLE	GAS	BTUH INPUT	RECOVERY @ 90° RISE	DIMENSIONS HEIGHT*	DIA.	FLUE	WEIGHT	EACH
9W106N	M-I-403S10EN	40 gal.	Standard	Natural	40,000	41 gph	51"	20"	3"	131	578.19
9W108P	M-I-403S10CX	40 gal.	Standard	LP	40,000	41 gph	51"	20"	3"	131	578.07
9W113N	M-I-50L10EN	48 gal.	Lowboy	Natural	40,000	41 gph	51"	22"	3"	148	624.19
9W113P	M-I-50L10CX	48 gal.	Lowboy	LP	38,000	39 gph	51"	22"	3"	148	624.07

Models with 6-year limited tank warranty:

9W100N	M-I-30T6EN	30 gal.	Tall	Natural	32,000	33 gph	59-1/4"	16"	3"	102	378.36
9W100P	M-I-30T6CX	30 gal.	Tall	LP	32,000	33 gph	59-1/4"	16"	3"	102	478.28
9W101N	M-I-30T6EN**	30 gal.	Tall	Natural	32,000	33 gph	59-1/4"	16"	3"	102	371.26
9W102N	M-I-30S6EN	30 gal.	Short	Natural	30,000	31 gph	48-1/4"	16"	3"	98	378.36
9W102P	M-I-30S6CX	30 gal.	Short	LP	30,000	31 gph	48-1/4"	16"	3"	98	478.28
9W104N	M-I-40T6EN	40 gal.	Tall	Natural	40,000	41 gph	59-1/2"	16"	3"	116	380.57
9W104P	M-I-40T6CX	40 gal.	Tall	LP	38,000	39 gph	59-1/2"	16"	3"	116	486.76
9W106N	M-I-403S6EN	40 gal.	Short	Natural	40,000	41 gph	51"	20"	3"	131	380.57
9W108P	M-I-403S6CX	40 gal.	Short	LP	40,000	41 gph	51"	20"	3"	131	480.79
9W126N	M-I-404T6EN	40 gal.	Tall	Natural	50,000	51 gph	61-12"	18"	4"	123	657.32
9W110N	M-I-5036EN	50 gal.	Standard	Natural	40,000	41 gph	60-1/4"	20"	3"	149	473.28
9W110P	M-I-5036CX	50 gal.	Standard	LP	40,000	41 gph	60-1/4"	20"	3"	149	573.19
9W111N	M-I-504S6EN	50 gal.	Standard	Natural	50,000	51 gph	60-1/4"	20"	4"	144	580.58
9W111P	M-I-504S6CX	50 gal.	Standard	LP	50,000	51 gph	60-1/4"	20	4"	144	617.00
9W112N	M-I-50L6EN	48 gal.	Lowboy	Natural	40,000	41 gph	51"	22"	3"	148	724.28
9W112P	M-I-50L6CX	48 gal.	Lowboy	LP	38,000	39 gph	51"	22"	3"	148	824.19
9W114N	M-I-75S6EN	75 gal.	Standard	Natural	76,000	78 gph	83-3/4"	24-1/2"	4"	264	969.05
9W114P	M-I-75S6CX	75 gal.	Standard	LP	75,000	78 gph	83-3/4"	24-1/2"	4"	264	1068.93
9W116N	M-I-100T6EN	100 gal.	Tall	Natural	85,000	92 gph	68-11/16"	28-1/4"	4"	428	2058.45
9W116P	M-I-100T6CX	100 gal.	Tall	LP	88,000	90 gph	68-11/16"	28-1/4"	4"	428	2165.37

* floor to flue. ** Relief valve screws into the top of the heater instead of the side.

Wants Date to INSTALL

AGWAY ENERGY PRODUCTS
www.agwayenergy.com
1-888-AGWAY24

11-5-03

INDOOR COMFORT PROPOSAL
For Heating & Cooling Systems

9W104P 998381

MARKET: _____
PHONE: _____
FAX: _____

SUBMITTED TO	PHONE	DATE
Mr+Mrs Gross	[redacted]	
STREET: 643 Fort Plains Road	JOB NAME	CONTACT
CITY / STATE / ZIP: Kdwell N.J.	JOB LOCATION	JOB PHONE

	HEATING UNIT OPTIONS			COOLING UNIT OPTIONS		
	☐ SOLUTION I	☒ SOLUTION II	☐ SOLUTION III	☐ SOLUTION I	☐ SOLUTION II	☐ SOLUTION III
Brand	Bradford White	40'	50 GAL	Propane	Water Heater	
Model No		TALL	22" Across			
AFUE Ratings (Heating) / SEER Ratings (Cooling)						
BTU (Heating) / TONS (Cooling)						
Investment Per Mo.						
Total Investment	565.00					

ADDITIONAL HEATING SYSTEM REQUIREMENTS		ADDITIONAL COOLING SYSTEM REQUIREMENTS
☐ Custom Sheet Metal Adaptors	☐ Remove Old Equipment from Premises	☐ 220 Wiring from Adequate Panel
☐ Custom Filter Boot	☐ Gas Piping Changes	☐ Outdoor Disconnect
☐ Thermostat & Subbase	☐ Condensate Pump	☐ Precast Condensing Unit Pad
☐ Low Voltage Wiring Changes	☐ Block Base for Furnace	☐ Refrigerant Tubing & Insulation

RECOMMENDED ENHANCEMENTS WITH THIS PURCHASE:

The following components of a perfect climate control system will add greatly to the comfort, convenience and energy savings in your home.

A high-efficiency air cleaner model _____ *can be added for* $ _____ or $ _____/mo. ☐ YES ☐ NO

A whole house humidifier model _____ *can be added for* $ _____ or $ _____/mo. ☐ YES ☐ NO

An energy saver thermostat model _____ *can be added for* $ _____ or $ _____/mo. ☐ YES ☐ NO

Duct cleaning with furnace or air conditioning for _____ openings *can be added for* $ _____ or $ _____/mo. ☐ YES ☐ NO

Additional duct work _____ *can be added for* $ _____ or $ _____/mo. ☐ YES ☐ NO

Required chimney liner will be *(if your chimney will not accept a liner we will quote alternative venting options)* $ _____ or $ _____/mo. ☐ YES ☐ NO

ASSUMPTIONS & CLARIFICATIONS: Remove old Equipment to Scrap. Refill New Water Heater. Reconnect Water lines propane lines Start Check and Evaluate System. We get permit you pay FEE!

WE PROPOSE hereby to furnish complete as above specified for the sum of..... **Monthly Investment** $ _____

Credit Card # Discover Michele L Gross **Total Investment** $ 565.00

6011 0015 4951 7482 Exp 10/06 **Deposit** $ _____

ALL TERMS AND CONDITIONS contained on the reverse side hereof shall be deemed to constitute a part of this Agreement. Payment in full on Completion **Balance** $ 565.00

Total Monthly Investment $ _____

WARRANTY ☐ 1 Year ☐ 5 Year On: 6 year Tank Warranty

☐ Extended Warranty On: _____

The above contract shall be considered null and void if not accepted within 14 days and is subject to the conditions on the reverse side. This contract contains the entire agreement between the Seller and Purchaser.

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

36-6953 (8/03)

Signature: Michelle L. Gross *Date of Acceptance:* 10-24-03

TOWNSHIP OF HOWELL CONSTRUCTION DEPARTMENT

PLAN REVIEW CHECK LIST

NAME Gross BLOCK 135 LOT 14.01

ADDRESS 643 Ft Plains ZONING RELEASE

DATE SUBMITTED 11/26/03

DEVELOPMENT (If any) Hot water Heater

620289

	Reviewed By:	Approved	Comments
FIRE			
BUILDING			
ELECTRICAL			
PLUMBING	12/1/03 AL	OK	
MECHANICAL			
OTHER			
SEPTIC			

NOV 26 2003

BLOCK 135 LOT 1401 ADDRESS(site) 643 Ft. Plains Rd PERMIT NO

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 643 Fort Plains Road
2. Name of Owner in Fee: Robert S. Newman Tel. ([redacted])
   Address 643 (street) Fort Plains Road (municipality) Howell (zip code) 07731
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Oak Tree Chems Tel. (____) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

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

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 25.00		
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	2.69		
10. Subtotal	$		
11. Cert. of Occupancy	20.00		
12. Other			
13. TOTAL	$ 47.69		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft.	
no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

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 10114024

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 _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VII. PRIOR APPROVALS CHECKLIST (OFFICE USE ONLY)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	Prelimin. Intial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ NJ Department of Community Affairs	X	X	X	X	X	X			
☐ NJ Department of Transportation	X	X	X	X	X	X			
☐ NJ Department of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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

Date Issued 11-16-94
Control #
Permit # 94-723

IDENTIFICATION

Block 135 Lot 14.01
Work Site Location Same as below

Owner in Fee Robert Newman
Address 643 Ft. Plains Rd
Howell, NJ 07731
Tele. (___) [redacted]
Contractor Oak Tree Sheds
Address
Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Completion and approval of shed 10' x 14'
(1680 c.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.

☐ 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 _____.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19___ or the owner will be subject to fine or order to vacate:

Est Cost 1500.00

David R. Golom

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260B

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

CONSTRUCTION PERMIT

UNIFORM CONSTRUCTION CODE

Date Issued 5-5-94
Control #
Permit # 94-723

IDENTIFICATION Block 135 Lot 1401

Work Site Location 643 FORT PLAINS RD

Owner in Fee ROBERT S. NEWMAN
Address 643 FORT PLAINS ROAD
HOWELL, NJ
Tele. ([redacted])

Contractor OAK TREE SHED
Address
Tele. (___)
Lic. No. or Bldrs. Reg. No. ___ Exp. Date ___
Federal Emp. No. ___
or Social Security No. ___

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ___
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: (1680 CF)
10' x 14' Shed w/ anchor
DOH Kit

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 $ 1500.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	25.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	3.64
Cert. of Occ.	20.00
Other	
Total	47.64
Check No.	1114
Cash	
Collected By:	5/6/94

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

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.

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5-5-94
Date Issued 5-5-94
Control #
Permit # 94-723

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

Block 135 Lot 1401
Work Site Location 643 FORT PLAINS ROAD

Owner in Fee ROBERT D. NEWMAN
Address 643 FORT PLAINS ROAD
HOWELL NJ
Tele. [redacted]
Contractor OAK TREE SHEDS
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 5/5/94		
Approved By:		

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure 6 Ft.
Area—Largest Floor 10 x 14 Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed 10 x 14 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ 1500.00

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SHED w/ ANCHOR + CABLES
10' X 14'

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other DCA = 1680
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$ 25.00
2469

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-110B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy

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 135 LOT(S) 1401 STREET FORT PLAINS ROAD

APPLICANT: NAME ROBERT D. NEWMAN

ADDRESS 643 FORT PLAINS ROAD

PHONE Bus. [redacted] Home [redacted]

PROPOSED USE:
_____ Fence
_____ Detached garage
X Shed
_____ Pool
_____ Deck
_____ Patio
_____ Tennis Court
_____
_____ Antenna/Antenna Tower
_____ Farm structure: Specify _____
_____ Other: Specify _____

ZONE:

LOCATION OF STRUCTURE: Setback from right of way _____ feet (and _____ feet if a corner lot)
Side yard clearances 12 feet and 150 feet
Rear yard clearances 100 feet

DESCRIPTION OF STRUCTURE: Height 6 feet to highest point
Length 14 feet Width 10 feet
Type of fence: _____ (post & rail, chain-link, etc.)

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: _____ $10.00 residential
FEE: _____ $20.00 non-residential

X [signature] SIGNATURE OF APPLICANT DATE

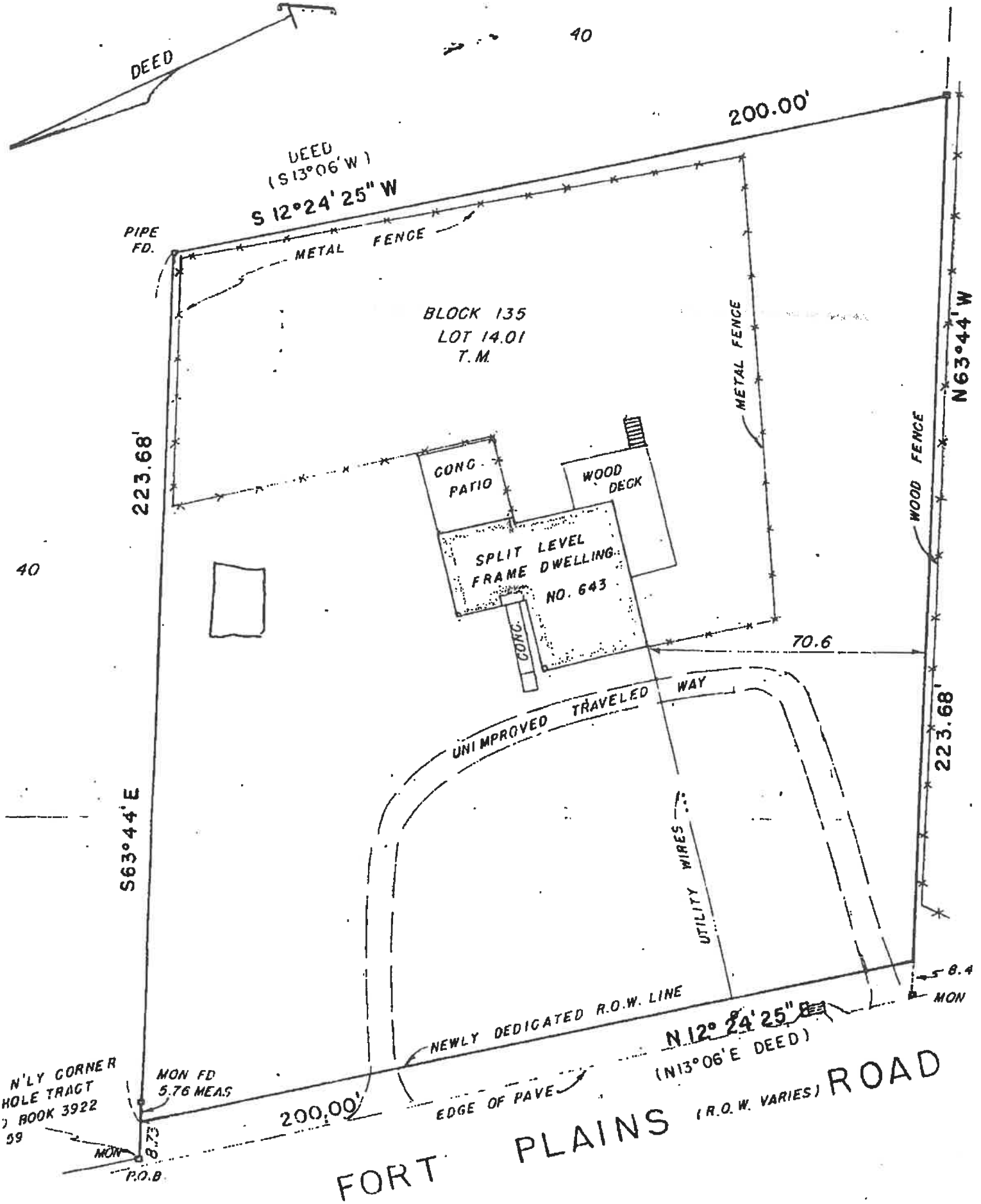
Based on the above application and the statements which are made part thereof, the proposed usuage is/~~is not~~ found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved/~~disapproved~~.

5-3-94 [signature]
Date HOWELL TOWNSHIP LAND USE OFFICER

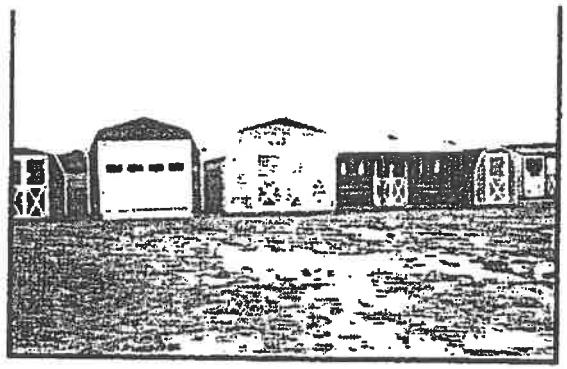
COMMENTS/EXPLANATIONS: _____

REFERRALS:
_____ To Building Dept.
_____ To Planning Bd.
_____ To Fire Prevention
_____ To Zoning Bd.
_____ To Bd. of Health
_____ To M.U.A.
_____ To Engineering
_____ To _____
_____ _____

WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE


DEED
40
200.00'
DEED
(S13°06'W)
S 12°24'25" W
PIPE
FD.
METAL FENCE
BLOCK 135
LOT 14.01
T.M.
METAL FENCE
N63°44'W
223.68'
CONC.
PATIO
WOOD
DECK
SPLIT LEVEL
FRAME DWELLING
NO. 643
WOOD FENCE
40
CONC.
70.6
UNIMPROVED TRAVELED WAY
223.68'
S63°44'E
UTILITY WIRES
8.4
MON
NEWLY DEDICATED R.O.W. LINE
N 12° 24' 25" E
(N13°06'E DEED)
N'LY CORNER
HOLE TRACT
BOOK 3922
59
MON FD
5.76 MEAS
200.00'
EDGE OF PAVE
(R.O.W. VARIES)
ROAD
MON
8.73
P.O.B.
FORT PLAINS

ERTIFIED TO:

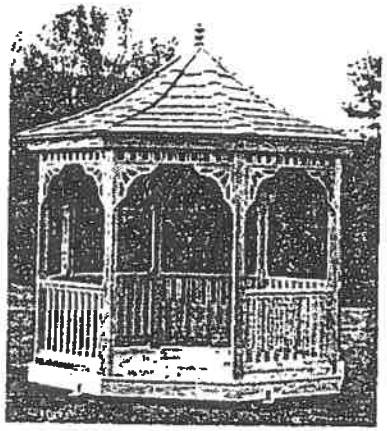


From 6'x8' to 12'x24' & Larger

OAKTREE SHEDS & GAZEBOS

399 ROUTE 9 NORTH
HOWELL, NEW JERSEY
(½ mile N. of Wooley's Fish Market)

(908) 303-0747



FINANCING
AVAILABLE

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

RECEIVED
MAY 3 1994

PLAN REVIEW CHECK LIST

NAME Newman

ADDRESS 643 Ft Plain Rd

DATE SUBMITTED 5-3-94

DEVELOPMENT Shed

BLOCK 135 LOT 14.07

ZONING RELEASE

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING ✓	5-3-94		JE	
PLUMBING				
FIRE				
ELECTRICAL				
MECHANICAL				
SEPTIC				
OTHER				

CODELFRM

BLOCK _____ LOT _____ ADDRESS (SITE) 643 Ft. Plains Rd. PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 643 Ft. Plains Rd.
2. Name of Owner in Fee: Robert D. Newman Tel. [redacted]
   Address 643 Ft. Plains Rd. (street) Howell (municipality) NJ (zip code) 07731
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: The Wood Stove Tel. (908) 531-1900
   Address 1643 Hwy. 35 Ocean, NJ 07712
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
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. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

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

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:

U.C.C. Form F-100A

LDS HW-B 10114023

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 _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	

CERTIFICATE

Date Issued 3-22-96
Control #
Permit # 94-2404

IDENTIFICATION

Block 135 Lot 14.01
Work Site Location 643 Ft Plains Rd
Howell, NJ 07731
Owner in Fee Robert Newman
Address Same as above
Tele. (___) [redacted]
Contractor The Wood Stove
Address 1643 Hwy 35
Ocean, NJ
Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security 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 woodstove installation

☐ **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 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.

XX 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 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/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

Est Cost 1500.00

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

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

CONSTRUCTION PERMIT

Date Issued 12-7-94
Control #
Permit # 94-2404

IDENTIFICATION Block 135 Lot 14.01

Work Site Location 643 Ft. Plains Rd
Howell, NJ

Owner in Fee Robert D. Newman
Address 643 Ft Plains Rd

Tele. [redacted]

Contractor The Wood Stove
Address 1643 Hwy. 35
Ocean, NJ
Tele. (908) 531-1400

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER Wood Stove
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 $ 1500 00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	25.00
Electrical	
Plumbing	
Fire Protection	25.00
Elevator Devices	
Other CC	2.00
DCA Training Fee	
Cert. of Occ.	20.00
Other	
Total	72.00
Check No.	1224
Cash	
Collected By:	12-7-94

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

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.

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12-1-94
Date Issued 12-7-94
Control #
Permit # 94-2404

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

Block 135 Lot 14.01
Work Site Location 642 FT PLAINS RD.
HOWELL, NJ
Owner in Fee ROBERT D. NEWMAN
Address 642 FT. PLAINS RD.
HOWELL
Tele. [redacted]
Contractor THE WOOD STOVE
Address 1643 HWY. 35
OCEAN, NJ
Tele. (908) 531-1900
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date: 3/6/95			Other				
Approved By: M.F. Hamilton			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 2
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 1500.00
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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence ____ Height (6' or over)
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [X] Other WOOD STOVE
  [ ] Other ____
[ ] Demolition

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 12-7-94
Date Issued 12-7-94
Control #
Permit # 94-2404

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

Block 135 Lot 14.01
Work Site Location 643 FT. PLAINS RD.
HOWELL, NJ
Owner in Fee ROBERT D. NEWMAN
Address 643 FT. PLAINS RD.
HOWELL, NJ
Tele. [redacted]
Contractor TIME WOOD STOVE
Address 1643 Hwy 35
OCEAN, NJ
Tele. (908) 531-1900
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [X] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[X] Other WOOD STOVE
Location: DOWNSTAIRS REC. ROOM
Total Est. Cost of Fire Prot. Work $ 1,500 [ ] Other

JOB SUMMARY (Office Use Only) FREE STANDING WOOD STOVE

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 12-1-94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CO
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source			
Method of Valve Supervision			
Local Alarm Supervision			
Central Supervision			
Proprietary Supervision			
Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

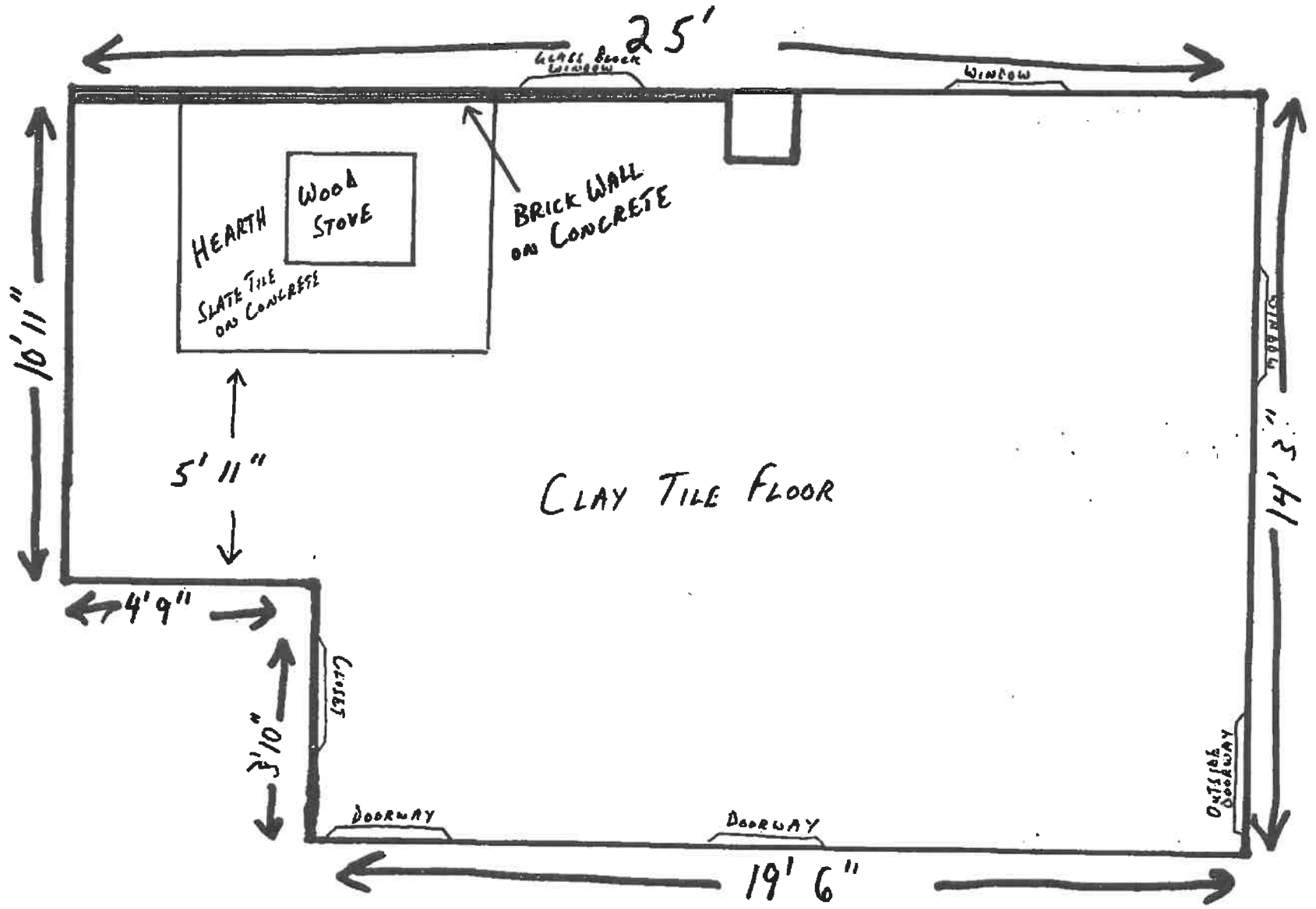
	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER FREE STANDING	1	25.00

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Room Dimensions

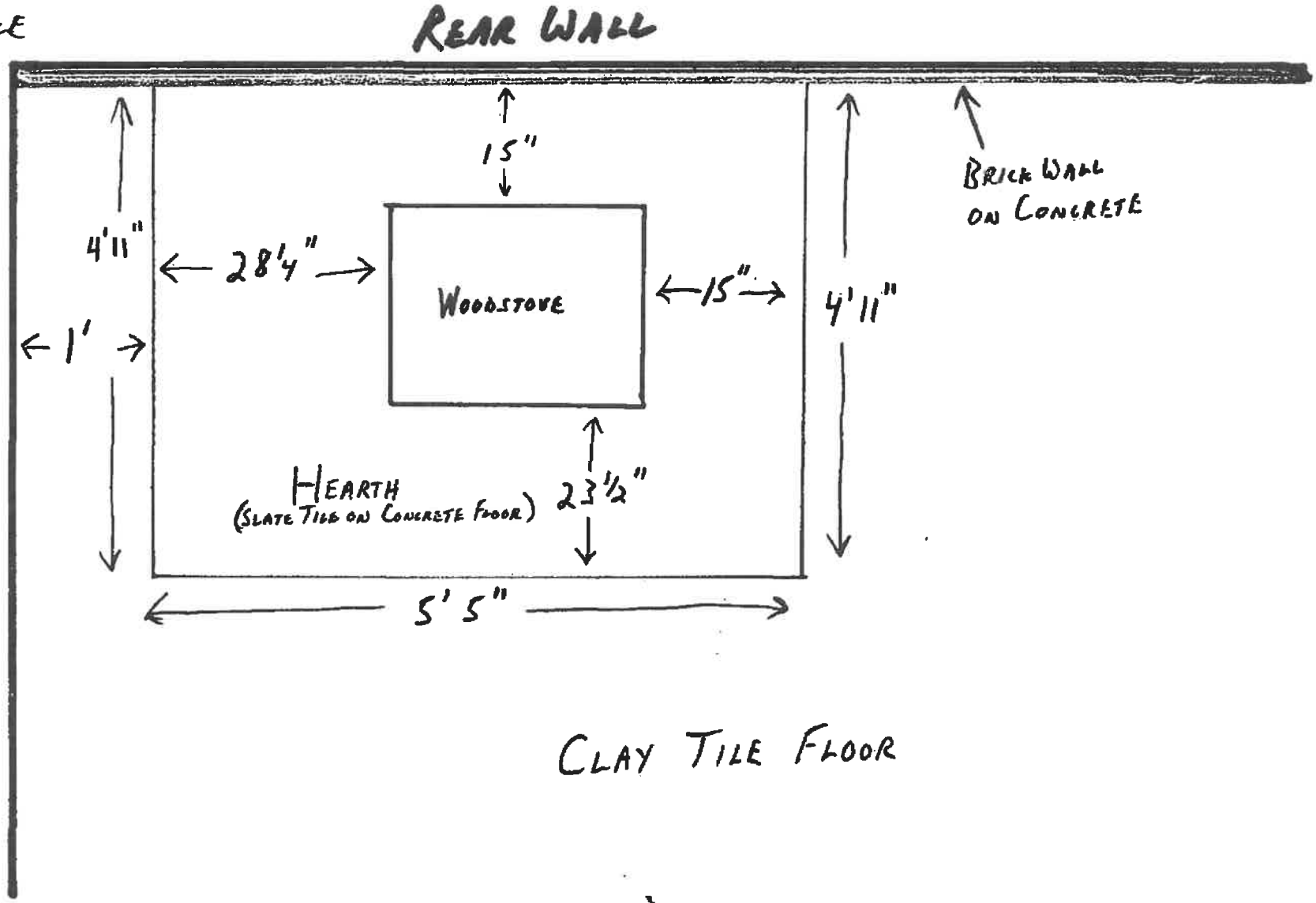
* 8 foot Ceilings



HEARTH & STOVE DIMENSIONS

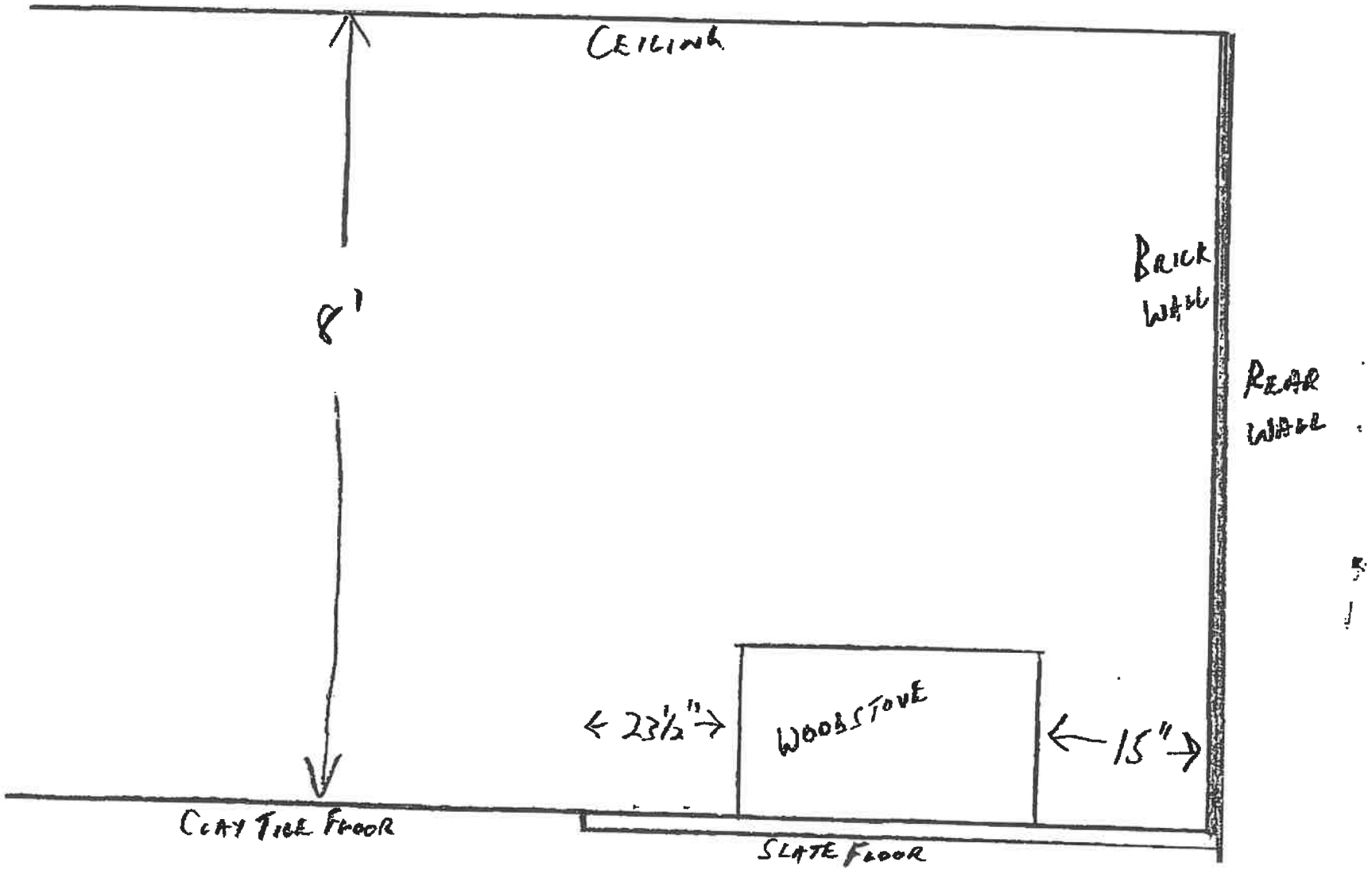
* CHIMNEY PIPE WILL BE PROJET 6" INSULATED CLASS UL APPROVED. 2" CLEARANCE

SIDE VIEW WOULD BE SAME AS TOP VIEW.



(OVER)

SIDE VIEW


CEILING
8'
BRICK WALL
REAR WALL
← 23½" →
WOODSTOVE
← 15" →
CLAY TILE FLOOR
SLATE FLOOR

Vermont Castings

Dutchwest Federal Convection Heaters

Product Points

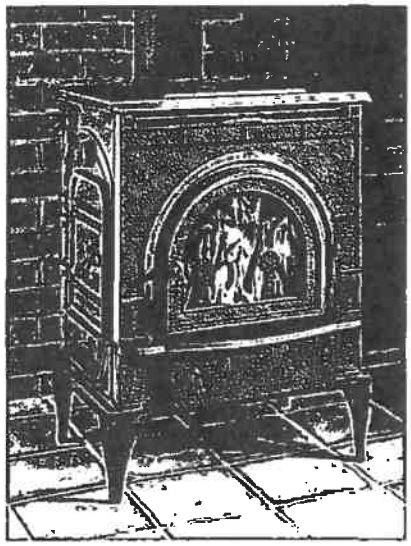
FEDERAL CONVECTION HEATERS

The Dutchwest Federal Convection Heaters are the cleanest-burning stoves on the market. Not only do they offer the economic benefits of efficient, clean-burning wood heat, they come in three sizes to fit nearly any installation. With their legs removed, the Federal Convection Heaters can be installed as fireplace inserts under certain circumstances.

Options:

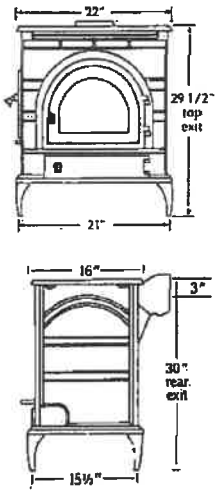
- Clearance reducing heat shields
- Warming shelves*
- 100 cfm convection heater fan
- Fan thermostat and rheostat

*Not available in Extra-Large model



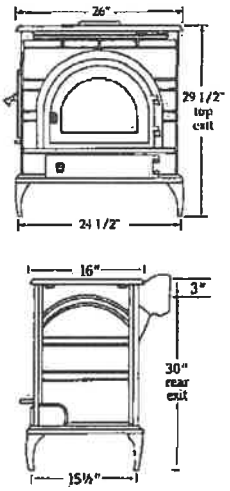
Features:

- Traditional Federal styling.
- Convection system for spreading the heat.
- Industry's lowest smoke emissions.
- Convenient ash pan and side loading.
- Glass panel with overfire airwash for clear fireviewing.
- High efficiency - more heat from less wood.
- Fast starting and long burning.
- Solid, durable cast-iron construction.
- Decorative gold accents.
- Raised griddle for stovetop cooking.



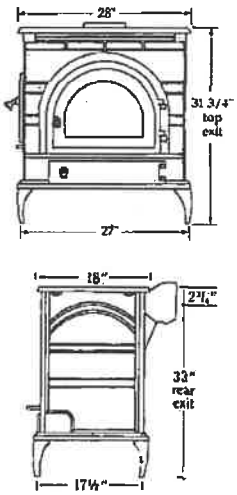
Small Convection Heater

Fuel size:	19" long
Burn Time:	Up to 8 hrs.
Heating Capacity:	700-1,400 sq.ft.
Max. Heat Output:	35,000 BTU/hr.
Efficiency Rating:	69.7%
EPA Emissions Rating:	1.1 grams/hr.
Weight:	380 pounds
Dimensions	
Height:	
To top of top vent:	29-3/4"
To Top of back vent:	30"
Width:	22"
Depth:	16"
Flue Collar Size:	6" round (reversible)
Clearances (without optional shields):	
Back:	24"
Side:	22"



Large Convection Heater

Fuel size:	22" long
Burn Time:	Up to 9 hrs.
Heating Capacity	800-1,600 sq. ft.
Max. Heat Output:	40,000 BTU/hr.
Efficiency Rating:	75.9%
EPA Emissions Rating:	1.4 grams/hr.
Weight:	436 pounds
Dimensions	
Height:	
To Top of Top Vent:	29-3/4"
To Top of Back Vent:	30"
Width:	26"
Depth:	16"
Flue Collar Size:	6" round (reversible)
Clearances (without optional shields):	
Back:	24"
Side:	22"



Extra-Large Convection Heater

Fuel size:	25" long
Burn Time:	Up to 12 hours
Heating Capacity:	1,200-2,400 sq. ft.
Max. Heat Output:	55,000 BTU/hr.
Efficiency Rating:	74.3%
EPA Emissions Rating:	1.3 grams/hr.
Weight:	634 pounds
Dimensions	
Height:	
To Top of Top Vent:	31-7/8"
To Top of Back Vent:	33"
Width:	28"
Depth:	18"
Flue Collar Size:	8" oval (reversible)
Clearances (without optional shields):	
Back:	23"
Side:	20"

PLAN REVIEW RECORD
HOWELL TOWNSHIP FIRE BUREAU

DATE: 12/7/94 TYPE: RESIDENTIAL DIST#: 5

BLOCK: 135 LOT: 14.01 PERMIT#:

ADDRESS: 643 FORT PLAINS ROAD

NAME: NEWMAN

COMMENTS FREESTANDING WOODSTOVE

REVIEWERS CODE: 0

FRAME INSPECTION REPORT

SCHEDULE DATE.: REMARKS

REINSPECTION DATE: REMARKS

REINSPECTION DATE: COMMENTS

****DATE FRAME PASSED: INSPECTORS CODE:

FINAL INSPECTION REPORT

SCHEDULE DATE.: COMMENTS

REINSPECTION DATE: COMMENTS

REINSPECTION DATE: COMMENTS

****DATE FINAL WAS APPORVED: INSPECTORS CODE:

OTHER INSPECTION REPORT

TOPIC: WOODSTOVE

SCHEDULE DATE: 3/20/96 COMMENTS: FINAL-NO ONE HOME

REINSPECTION DATE: 3/21/96 COMMENTS: FINAL-OK APPROVED

REINSPECTION DATE: COMMENTS:

****DATE OTHER WAS COMPLETED: 3/21/96 INSPECTORS CODE: 5

HISTORY

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME Newman BLOCK 135 LOT 14.01

ADDRESS 643 Ft Plains ZONING RELEASE

DATE SUBMITTED 11-29-94

DEVELOPMENT Woodstove

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING	~~11/30/94~~ 12/7/94		~~OK~~ OK	~~SEE FIRE~~
PLUMBING				
FIRE ✓	~~11/30/94~~	12/7/94	~~NO~~	Need DRAWING showing TOP/SIDE VIEW OF INSTALL / NEED TO KNOW WIDTH, FLUE HOT DISTANCES AND TYPE OF CHIMNEY
ELECTRICAL				
MECHANICAL				
SEPTIC			Top 12-13 1.50	
OTHER				

Service 431/1702

DEC - 1 1994

Re Sub

CODE.FRM

BLOCK 135 LOT 14.01 ADDRESS (SITE) 643 Fort Plains Rd. PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 643 Fort Plains Road
2. Name of Owner in Fee: Robert D. Newman Tel. ([redacted]
   Address 643 Ft. Plains Rd. (street) Howell, NJ (municipality) 07731 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: The Pool & Spa Doctor, LLC Tel. (908) 681-0532
   Address Wall, NJ
   License No. OR, if new home, Builder Reg. No. CPO#0739566 Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer Walter J. Partington Tel. (908) 449-1151
   Address Spring Lake Hts., NJ
6. Responsible Person In Charge of Work Phil Della Pietro, Jr. Tel. (908) 681-0532

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 80		
2. Electrical	50		
3. Plumbing			
4. Fire Protection			
5. Other _____			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	5.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 135.00		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure _____ ft.	
3. Area—Largest Floor _____ sq. ft.	
4. Building Area—All Floors _____ sq. ft.	
5. Volume of Structure _____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed _____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____ sq. ft.	
no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

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

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:

U.C.C. Form F-100A

LDS HW-B 10114022

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 4/12/96

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

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

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CERTIFICATE

Date Issued 7-22-97
Control #
Permit # 96-0572

IDENTIFICATION

Block 135 Lot 14.01
Work Site Location Same as below
Owner in Fee Robert Neuman
Address 643 Ft Plains Rd
Howell, NJ 07731
Tele. (___) [redacted]
Contractor The Pool Spa Doctor
Address
Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Compeltion and approval of inground pool 18' x x 36'

☐ 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.

☐ 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/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

Est Cost 10,000.00

Edward L Falcon
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260B

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

CONSTRUCTION PERMIT

Date Issued 4-23-96
Control #
Permit # 96-0572

IDENTIFICATION Block 135 Lot 14.01

Work Site Location 643 Ft Plains Road
Howell, NJ

Owner in Fee Robert D. Neuman
Address 643 Ft Plains Road
Howell, NJ
Tele. [redacted]

Contractor The Pool & Spa Doctor, LLC
Address
Tele. (908) 681-0532
Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____
Federal Emp. No. ____
or Social Security No. [redacted]

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER Pool
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: 18' x 36'
I.G. Pool (fencing in pool area)

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 $ 40,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	100.00
Electrical	50.00
Plumbing	
Fire Protection	
Elevator Devices	
Other C.C.	8.00
DCA Training Fee	
Cert. of Occ.	
Other	
Total	158.00
Check No.	1702
Cash	
Collected By:	4/29/96

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE

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.

U.C.C. Form F-170D

BUILDING SUBCODE - TECHNICAL SECTION

Date Received 4-23-96
Date Issued
Control #
Permit # 96-0572

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

Block 135 Lot 14.01
Work Site Location 643 FORT PLAINS ROAD
HOWELL, NJ
Owner in Fee ROBERT D. NEWMAN
Address 643 FT PLAINS ROAD
HOWELL, NJ
Tele. [redacted]
Contractor THE POOL & SPA DOCTOR, LLC
Address
Tele. (908) 681-0532
Lic. No. or Bldrs. Reg. No. CPO # 0739566
Federal Emp. No. _____ or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
[ ] No Plans Req.							
[X] All	4-23-96	WK	Footing			5/2/96	RC
[ ] Footing			Foundation			5/3/96	RC
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			FInishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date: 4-4-96			Other				
Approved By:			Final			11/4/96	J

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

I.G. Pool (fencing in pool area)
EXIST. 5' chain LINK (1¼") around prop. - POOL will have its own fencing self-latch. gate on fence w/ alarm

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[X] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ 80.00
8.00 cc
20.00
Administrative Surcharge $ _____
Minimum Fee $ _____
DCA TRAINING FEE $ _____
TOTAL FEE $ _____

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-110B 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy

"NEC 1993"

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 4-25-96
Date Issued
Control #
Permit # 96-0572

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

Block 135 Lot 14.01
Work Site Location 643 Ft Plains Rd
Howell, NJ
Owner in Fee Robert D. Neusman
Address 643 Ft Plains Road
Howell, NJ
Tele. ([redacted])
Contractor Kelly Electric
Address 932 4th Ave
Neptune City, NJ 07753
Tele. (908) 774-8718
Lic. No. 1182-1
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as R-3 Utility Co. _____
Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[✓] Elec. Plans Approved
Date: 4/16/96
Approved by: C. Phillips

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 10-31-96
Approved by: Ac M. Dill

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	Cancelled		5/9	CP
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			10/31	AW

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

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.

[X] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

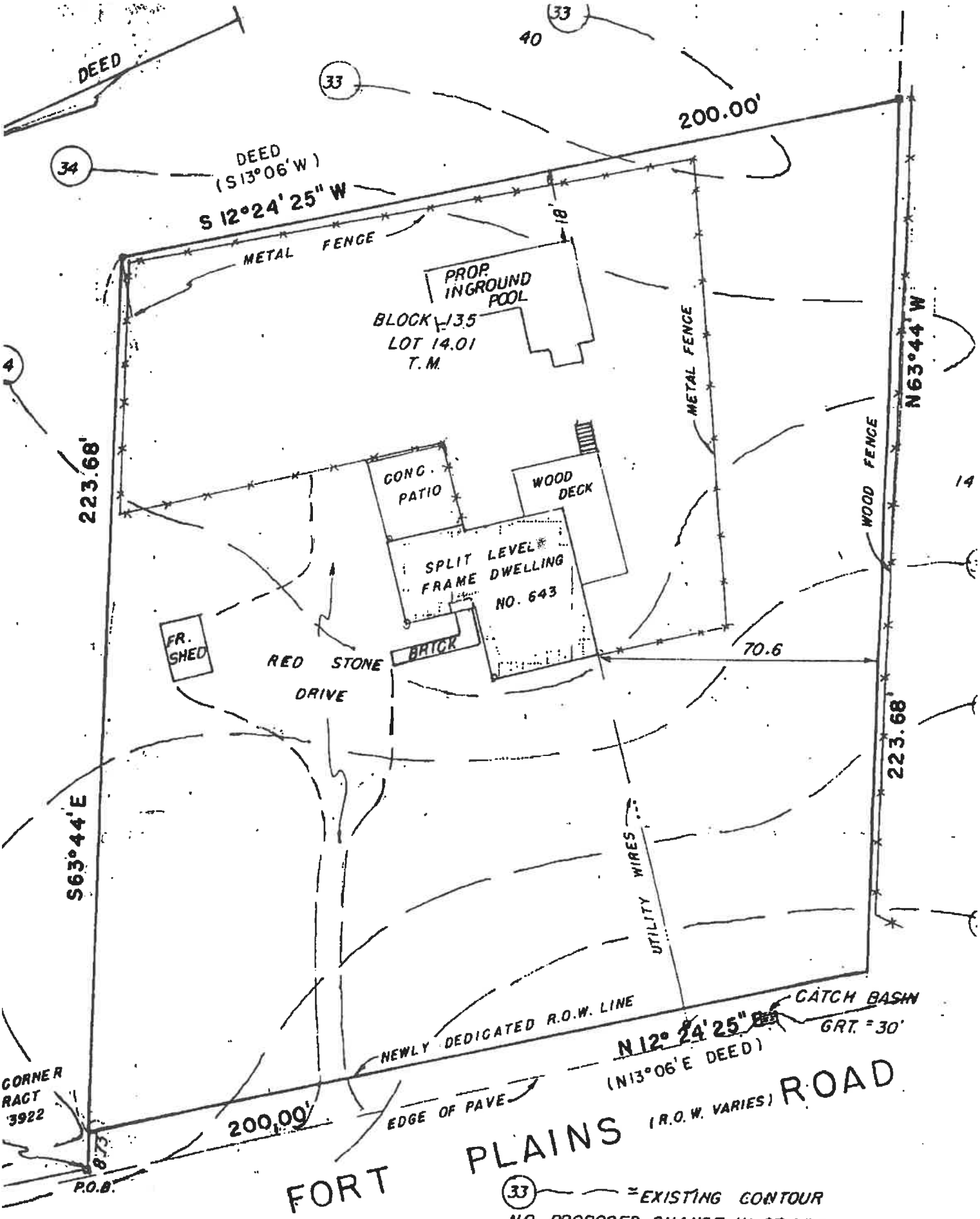
NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
1		Receptacles (2)	1
		Switches (3)	
		Total 1 + 2 + 3	
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
1		Pool Bonding	50
1	2 hp	Pool Filter Motor	
1		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-120A

1 White - Applicant Copy
3 Pink - File Copy

2 Canary - Office Copy



IFIED TO:

RT D. NEWMAN, SINGLE

TOWNSHIP of HOWELL

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

(908) 938-4500
FAX (908) 938-9645

INGROUND POOL, SOIL FILLING AND REMOVAL PERMIT

PERMIT NUMBER: 96-26 DATE: April 17, 1996

NAME OF APPLICANT: Newman/643 Fort Plains Road/Pool & Spa Doctor

You are hereby granted permission to fill or remove _____ Cu. Yards of soil on Block 135 Lot 14.01 in accordance with your application and subject to the following conditions:

1) PERMIT EXPIRES 1-YEAR FROM DATE OF ISSUANCE.
2) The maintenance of positive drainage.
3) Compliance with all information submitted with application.
4) Maintenance of insurance through permit period.
5) Filter backwash cannot drain through curb.
6) Earth berms are not permitted as a means to traverse curbing.
7) No changes shall be made without written approval from the Township Engineer. Otherwise the permit is null and void.
8) Call the Engineering Department for Final Inspection at 938-4500, Ext.229 upon completion of the grading and stabilization.
9) No soil can be removed from this site and placed on any other property in Howell Township, without the issuance of a Soil Filling Permit.
10) All Retaining Walls and Safety Railing must be approved prior to installation.

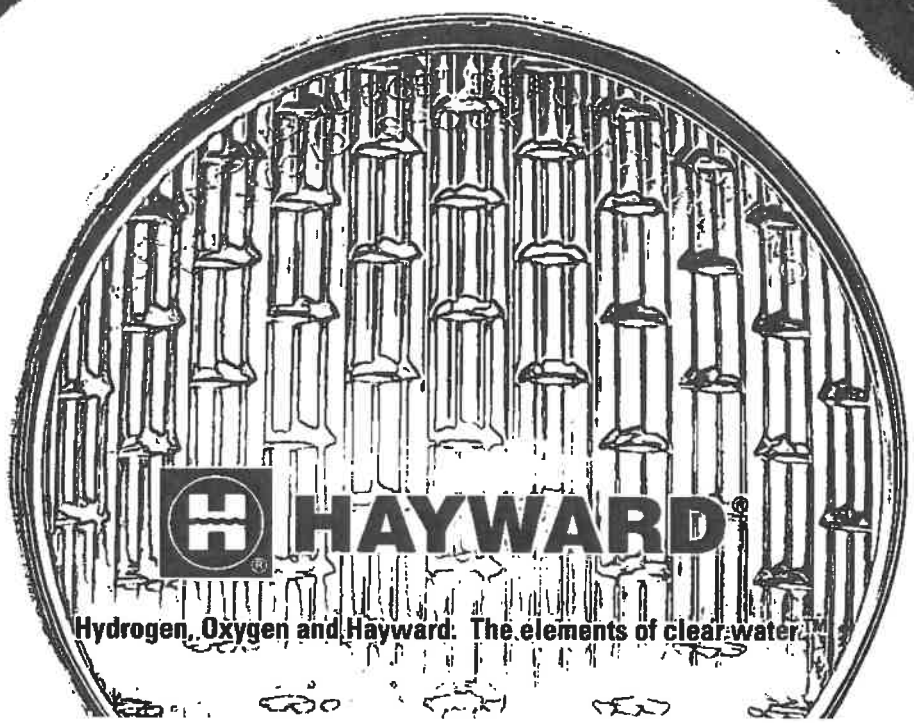
PERMIT AUTHORIZED BY:

TOWNSHIP ENGINEER

ea
7/25/95

Shed New Light On A Bright Idea

The Hayward Underwater Lighting System

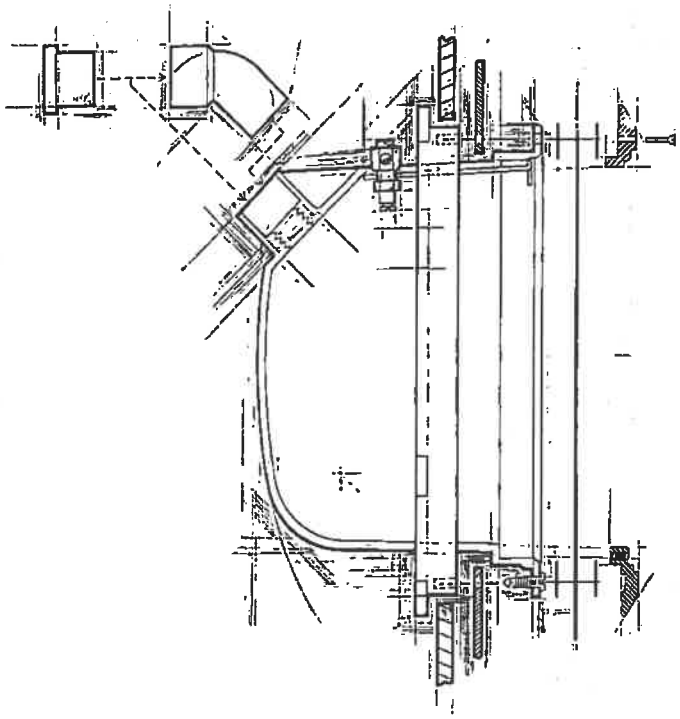


HAYWARD®

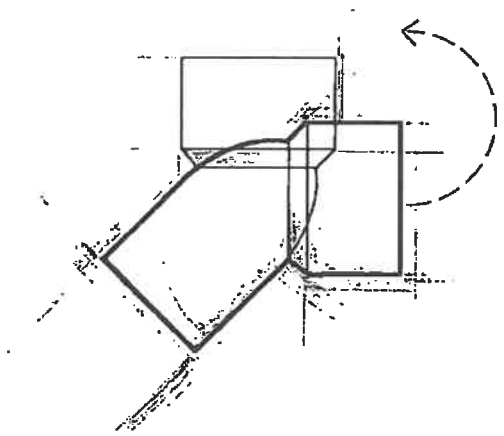
Hydrogen, Oxygen and Hayward: The elements of clear water.™

Hayward Lighting System

DURANICHE™ & ASTROLITE™ UNDERWATER LIGHTING



Hayward's DuraNiche Niche Series: engineered for superior performance, non-corrosive durability and plumbing versatility — plus the lowest installed cost. SP-607 DuraNiche for vinyl/ fiberglass pools (illustrated).



45° spigot elbow offers unparalleled plumbing versatility — simple rotation of elbow lets you select top or rear conduit connection, in addition to DuraNiche's standard 45° outlet — all in one niche.

As the final traces of mother nature's brilliant sunshine disappear over the horizon until yet another morning, a whole new nocturnal world, full of quiet beauty and majesty drifts down from the stars and is known as nightfall.

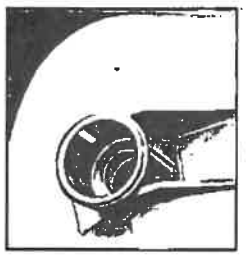
From the joy of gazing at a shooting star, to taking in a backyard symphony with lawn crickets as the musicians, what better place to unwind from the pressures of the day than in and around your swimming pool or spa — with evening as your backdrop.

And what better way to truly enhance your night-time pool life than with the installation of a Hayward Underwater Lighting System — the next generation in pool light technology.

Advanced DuraNiche™ PVC Niche

What makes the Hayward Underwater Lighting System so advanced? Start with its DuraNiche PVC niche series. Unlike metallic niches, DuraNiche is injection-molded of strong, durable PVC. Which means you can count on corrosion-free, all-weather performance for years to come.

Reliability is further extended with DuraNiche's socket conduit connection. Designed for quick and simple gluing to PVC pipe, the connection provides a cleaner, more durable seal when compared to threaded-type conduit connections. Plus, the conduit hub is an integral part of the molded niche, which offers extra durability during installation.



Socket conduit connection for simple gluing.

Plumbing Versatility

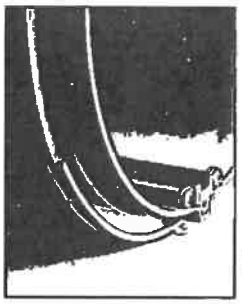
DuraNiche also boasts a significant advantage in plumbing versatility. Each niche includes a 1" 45° spigot elbow that allows the choice of either top, rear or 45° conduit connection. In addition, the connection can be converted to 3/4" with the installation of a reducing adaptor, also included with each niche.

Lowest Installed Cost

When you select the Hayward Underwater Lighting System, you'll not only gain the benefits of superior performance, extra durability and plumbing versatility, you'll also realize the lowest installed cost. The ability to accept PVC conduit over expensive metal conduit enables the Hayward system to offer true bottom line savings in materials, as well as time to install.

Gunite/Concrete Pools

For gunite and concrete pools, DuraNiche features a 3/4" set-back plaster flange with tie-off holes to secure to re-bar. This allows positive positioning of the niche during guniting and ensures a professional appearance in the pool wall. A cover-up plate is provided to protect the niche and mounting threads during guniting. Plus, a unique 90° ledge at the bottom of the flange prevents "slumping" during plastering.



3/4" plaster flange with 90° "no slump" ledge.

Vinyl/Fiberglass Pools

For vinyl and fiberglass pools, DuraNiche incorporates the dependability of Hayward's proven wall panel sealing method. Since the niche fits all standard punch designs, no tooling changes are required. The niche also features an attractive face rim assembly, injection-molded of corrosion-proof Duralon™.

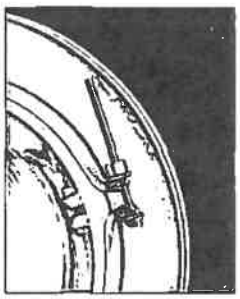
AstroLite™ Light Series

As part of the Hayward Underwater Lighting System, AstroLite Series light fixtures add a new dimension of beauty, safety and enjoyment to any pool or spa.

Attractive Styling

AstroLite Series fixtures are available in a choice of attractive face rims, from an injection-molded patterned design, made of rugged, non-corrosive glass-filled polypropylene; to a smooth, machine-polished stainless steel design.

They feature a convenient E-Z Lock™ clamp and reflector assembly for simple relamping. And, they come standard in a wide range of voltages, wattages and cord lengths to satisfy virtually any installation.

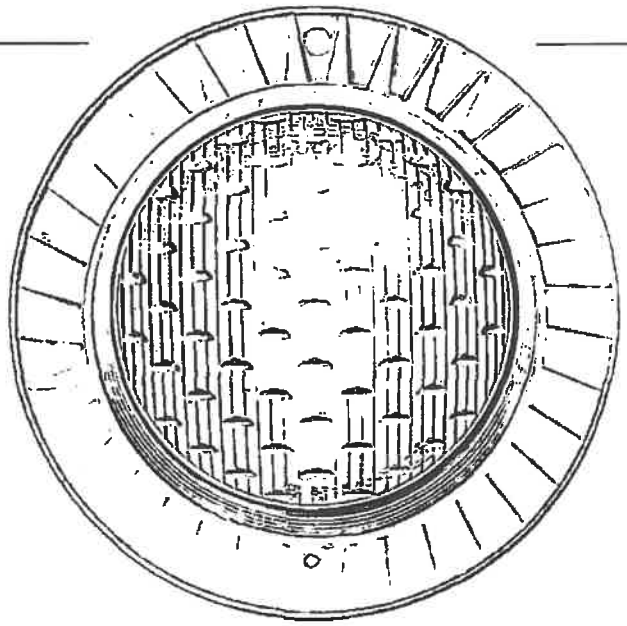


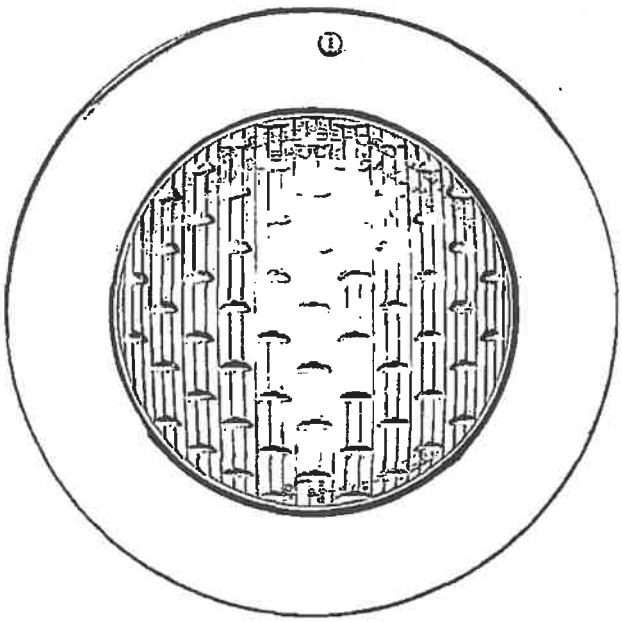
E-Z Lock clamp and reflector assembly.

Let Hayward Light Up Your Night

Take advantage of the beauty that is known as nightfall with the Hayward Underwater Lighting System. No other pool lighting system offers such performance, durability and versatility — all at the lowest installed cost.

Plus, you'll also be increasing your return on investment by spreading your time in and around your pool over a greater period of use. You may even get a chance to make a wish on a shooting star.

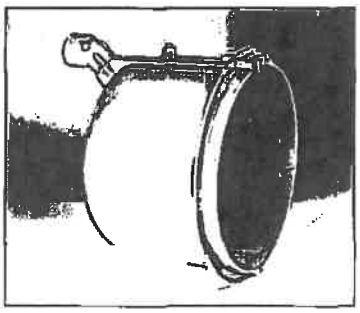




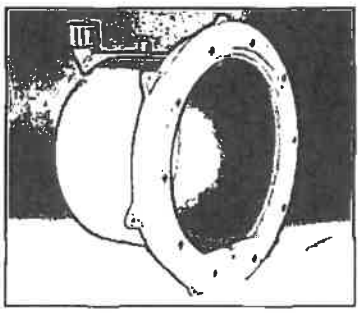
AstroLite Series light fixtures are available in a choice of face rim designs — from patterned thermoplastic (top) to smooth stainless steel (bottom).

Specifications – DuraNiche

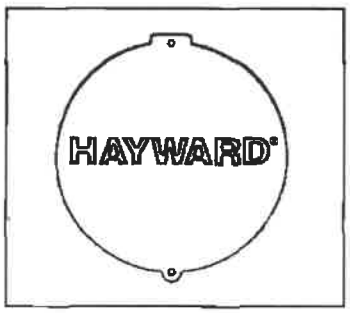
Model	Pool Type	Description
SP-600	Gunite/Concrete	Injection-molded PVC Fixture Housing with combination 3/4" or 1" socket conduit connection, with top, rear or 45° conduit capability. U.L. Listed and complies with N.E.C. (1993). Other advanced features include a replaceable mounting bracket, easily accessible connections for grounding/bonding and an internally-threaded connection for pressure testing the conduit line. For AstroLite™ and DuraLite™ Series fixtures.
SP-607	Vinyl/Fiberglass	Waterproof Fixture Housing Assembly. Injection-molded PVC Fixture Housing with combination 3/4" or 1" socket conduit connection, with top, rear or 45° conduit capability. U.L. Listed and complies with N.E.C. (1993). Duralon Face Rim and Back-Up Ring (with drilled tabs), Gaskets and Screws. Other advanced features include a replaceable mounting bracket, easily accessible connections for grounding/bonding and an internally-threaded connection for pressure testing the conduit line. For AstroLite™ and DuraLite™ Series fixtures.



SP-600
Front-to-back: 7-15/16"



SP-607
Maximum O.D. of shell back: 10-5/8"
O.D. of shell flange: 12-3/16"

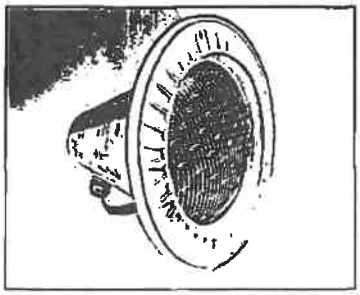


This convenient cover-up plate protects the interior of the niche and mounting threads during guniting.

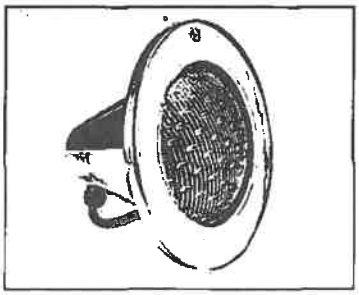
Specifications – AstroLite

Thermoplastic Face Rim Model	Stainless Steel Face Rim Model	Description
SP-580	SP-580S	100 watt, 12 volt light — 15', 30' or 50' cord
SP-581	SP-581S	300 watt, 12 volt light — 15', 30' or 50' cord
SP-582L	SP-582SL	300 watt, 115 volt light — 15', 30', 50', 75' or 100' cord
SP-583L	SP-583SL	500 watt, 115 volt light — 15', 30', 50', 75' or 100' cord

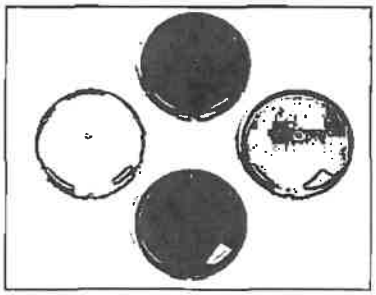
Models with suffix "L" are equipped with Automatic Thermal Switch (ATS). AstroLite Series light fixtures mount into DuraNiche Series niches only.



SP-580 Series
Outside diameter of face rim: 10-3/4"



SP-580S Series
Outside diameter of face rim: 10-3/4"



SP-580L Selecta-Color™ Lens Kit. Now change the mood of your pool at a moment's notice. Simply snap any of the four easy-to-change lens covers over the clear lens of the AstroLite fixture. No fixture removal or assembly is required.

Guide No. WBDT,
File No. E39338

HAYWARD POOL PRODUCTS, INC.

Hayward Pool Products, Inc.
900 Fairmount Avenue
Elizabeth, NJ 07207

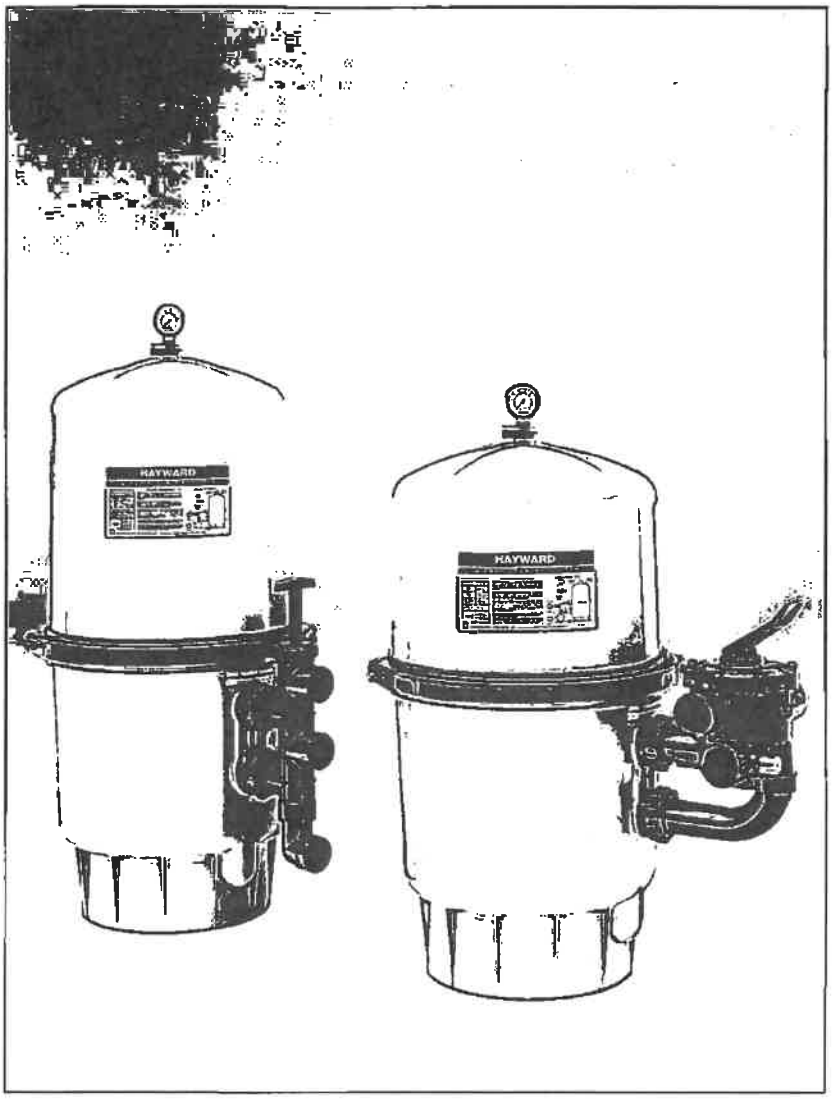
Hayward Pool Products, Inc.
2675 Pomona Boulevard
Pomona, CA 91768

Hayward Pool Products Canada
2880 Plymouth Drive
Oakville, Ontario L6H 5R4

Hayward S.A.
Zone Industrielle de Jumet
B-6040 Charleroi, Belgium

Micro-Clear™

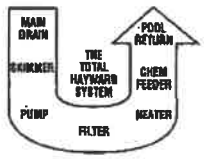
VERTICAL GRID D.E. FILTERS



■ *Micro-Clear DE-6000 with 2-position slide valve (left), and DE-4800 with SP-740DE Selecta-Flo™ 4-position control valve (right).*

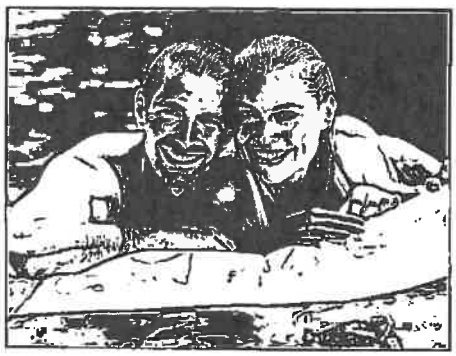
Micro-Clear is a high-performance filter series that provides superior water clarity, efficient flow and large cleaning capacity for pools of all types and sizes.

Molded of attractive, corrosion-proof Duralon™, Micro-Clear filters combine high technology features and "service-ease" design for dependable operation and low maintenance.



Plus, Micro-Clear filters are available with the unique SP-740DE Selecta-Flo™ control valve, the only filter control valve designed specifically for D.E. filters.

For the quality conscious pool owner, Micro-Clear filters are an unparalleled filtration value.



HAYWARD®

Hydrogen, Oxygen and Hayward. The elements of clear water™

Micro-Clear™ Vertical Grid D.E. Filters

Automatic Air Relief purges any trapped air during filter operation. Screenless design eliminates clogging.

Integral Lift Handles and Uniform Low Profile Tank Base make removal of grid nest fast and simple.

Heavy-Duty Filter Tank injection molded of high strength Duralon™ for dependable, corrosion-free performance.

High Impact Grid Elements designed for up-flow filtration and top-down backwashing for maximum efficiency.

Heavy-Duty Tamper-Proof Bolted Center Flange Clamp securely fastens tank top and bottom together. Allows quick access to all internal components without disturbing piping or connections.

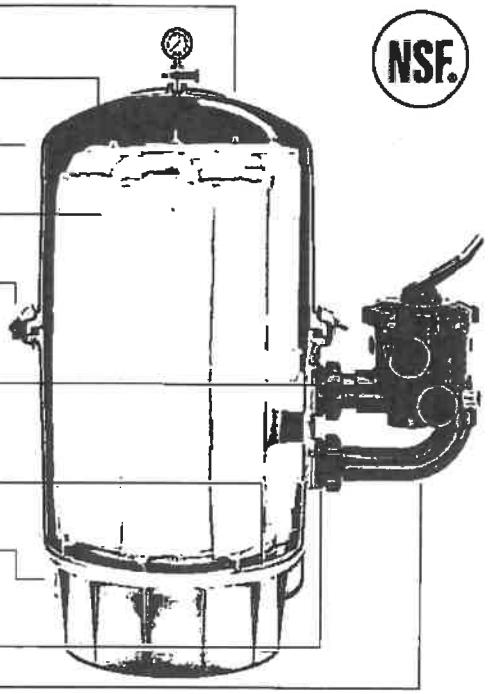
Union Locknuts make disassembly and reassembly of filter from piping fast and easy.

Inlet Diffuser Elbow distributes flow of incoming unfiltered water upward and evenly to all filter elements. Parabolic tank base design provides for even distribution of D.E. to grids.

Full-Size 1½" Integral Drain provides fast, 100% clean out and easier flushing of tank.

Noryl® Bulkhead Fittings for extra strength and heat resistance.

Convenient Valve and Plumbing Options allow for customized control. 2" internal piping and plumbing for maximum flow performance.

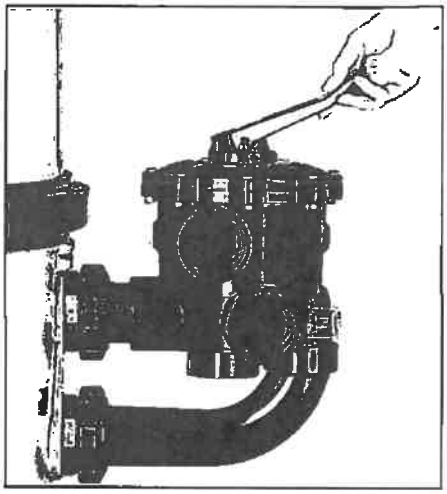


NSF.

Specifications – Micro-Clear Vertical Grid D.E. Filters

FILTER TYPE:	Vertical Grid Diatomite: 24, 36, 48, 60 sq.ft.
FILTER TANK:	Injection molded Duralon™
FILTER ELEMENTS:	Monofilament polypropylene cover fitted over 8 curved, high impact grids
CONTROL VALVE:	1½" or 2" 6-Position Vari-Flo.™ 2" 4-Position Selecta-Flo™ 2" 2-Position slide valve. May also be plumbed singularly or in series with quick-connect union couplings (less valve).
PERFORMANCE RANGE:	½ TO 3 HP (30 to 120 GPM)
DIMENSIONS:	DE-2400–31½" H x 23" W (800 mm x 584 mm)
	DE-3600–36½" H x 23" W (927 mm x 584 mm)
	DE-4800–42½" H x 23" W (1080 mm x 584 mm)
	DE-6000–48½" H x 23" W (1232 mm x 584 mm)

Above dimensions are for filter only. Overall width with slide valve is 30" (762 mm); overall width with either 4- or 6-position multiport valve is 33" (838 mm).



GO WITH THE FLOW. Unique SP-740DE Selecta-Flo™ 4-position valve, with easy-to-use lever action handle, lets you "dial" any of the valve/filter functions—with a simple twist of the wrist. Select from Filter, Waste, Backwash, or exclusive Pool/Spa Boost positions. The latter position routes pump flow directly back to the pool or spa, by-passing the filter to provide extra power to spa jets or pool return fittings.

Performance Data

MODEL NUMBER	EFFECTIVE FILTRATION AREA	DESIGN FLOW RATE	TURNOVER (GALS.) 8 Hr.	TURNOVER (GALS.) 10 Hr.
DE-2400	24 sq. ft.	48 GPM	23,040	28,800
DE-3600	36 sq. ft.	72 GPM	34,560	43,200
DE-4800	48 sq. ft.	96 GPM*	46,080	57,600
DE-6000	60 sq. ft.	120 GPM*	57,600	72,000

*Determined by pump size and piping system hydraulics. 2" piping is recommended for flow rates of 90 GPM or more.
Flow rates above 120 GPM are not usually required for residential pools.

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2880 Plymouth Drive
Oakville, Ontario L6H 5R4

Hayward S.A.
Zoning de Jumet
B6040 Jumet, Belgium

 Printed in U.S.A.

The New SuperPump®

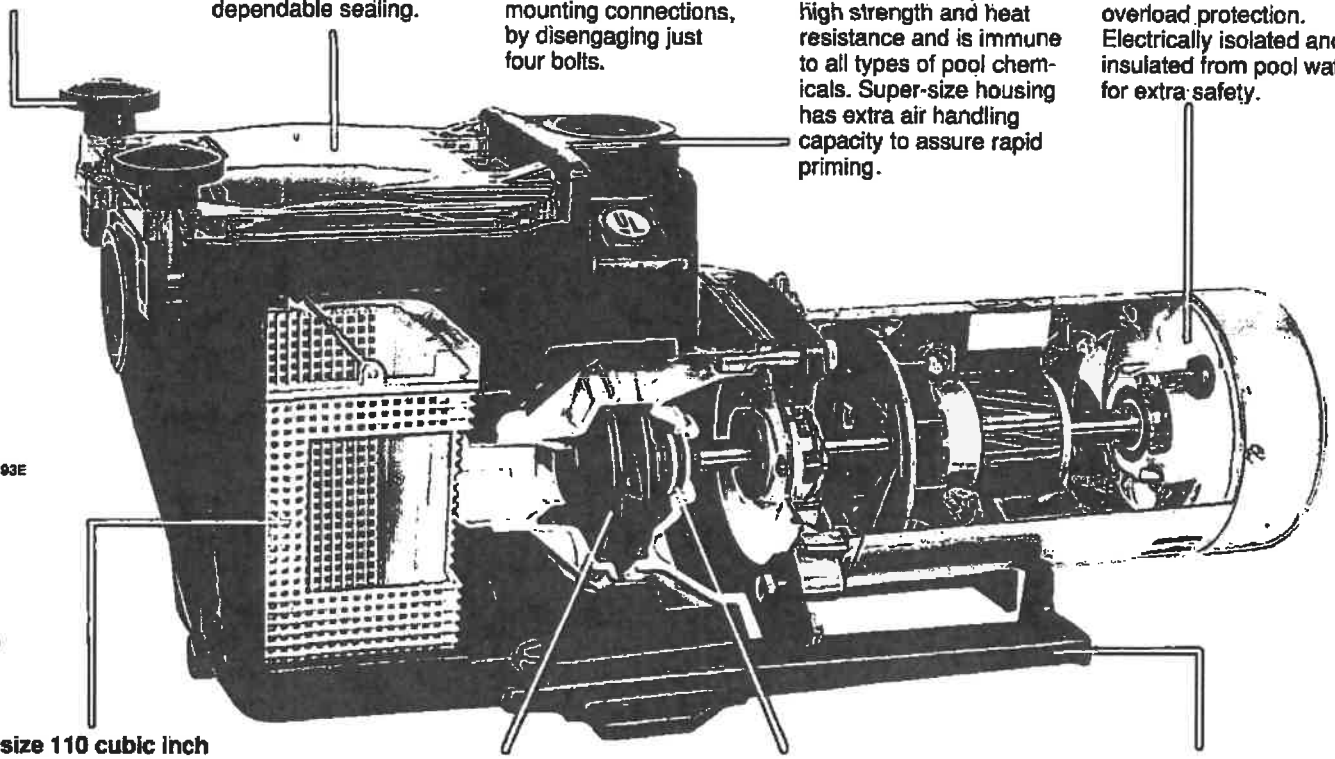
Exclusive, Swing-Aside hand knobs make strainer cover removal easy. No tools are required. No loose parts . . . no clamps.

Clear Lexan® Full-View strainer cover lets you see when basket needs cleaning and eliminates guesswork. Special self-adjusting seal assures dependable sealing.

Service-Ease design gives simple access to all internal parts. Motor and entire drive group assembly can be removed, without disturbing pipe or mounting connections, by disengaging just four bolts.

All components molded of rugged, corrosion-proof Permaglass™ fiberglass filled resin for extra durability and long life. Permaglass provides high strength and heat resistance and is immune to all types of pool chemicals. Super-size housing has extra air handling capacity to assure rapid priming.

Heavy-duty high performance motor with air-flow ventilation for quieter, cooler operation and maximum dependability. Built-in automatic thermal overload protection. Electrically isolated and insulated from pool water for extra safety.



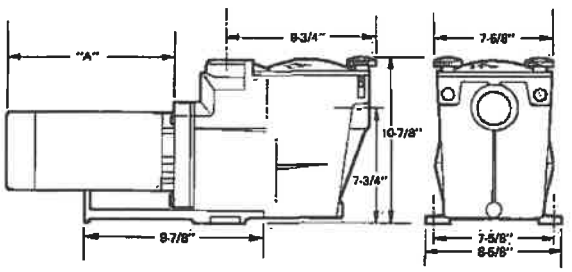
193E

Super-size 110 cubic inch basket gives longer time between cleaning. Rigid construction and load-extender ribbing assures free flowing operation for heavy debris loads.

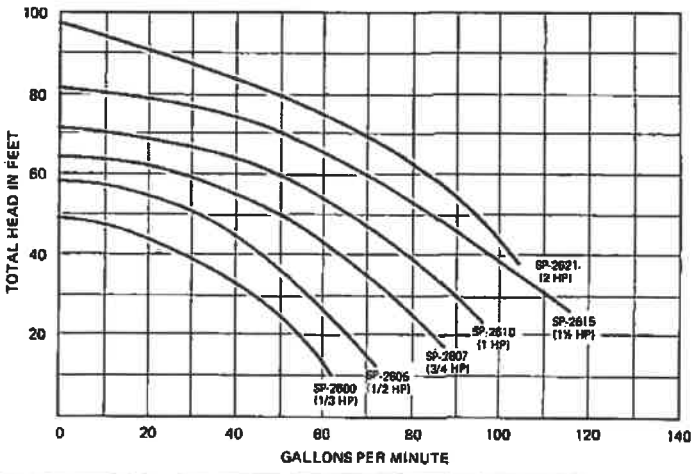
Totally balanced corrosion-proof Noryl® impeller has smooth, wide openings to prevent fouling or clogging. Energy-efficient design produces more flow at equivalent horsepower.

Heat resistant, industrial size ceramic seal. Long wearing and 100% drip-proof. For fresh or salt water use.

Mounting base provides stable, stress-free support for motor and pump, plus versatility for any installation requirement.



MODEL	HP	PIPE SIZE	DIM."A"	MODEL	HP	PIPE SIZE	DIM."A"
SP-2600	1/3	1½"	11-1/4"	SP-2610	1	1½"	12-1/4"
SP-2605	1/2	1½"	11-5/8"	SP-2615	1½	2"	13-1/4"
SP-2607	3/4	1½"	11-7/8"	SP-2621	2	2"	13-3/4"



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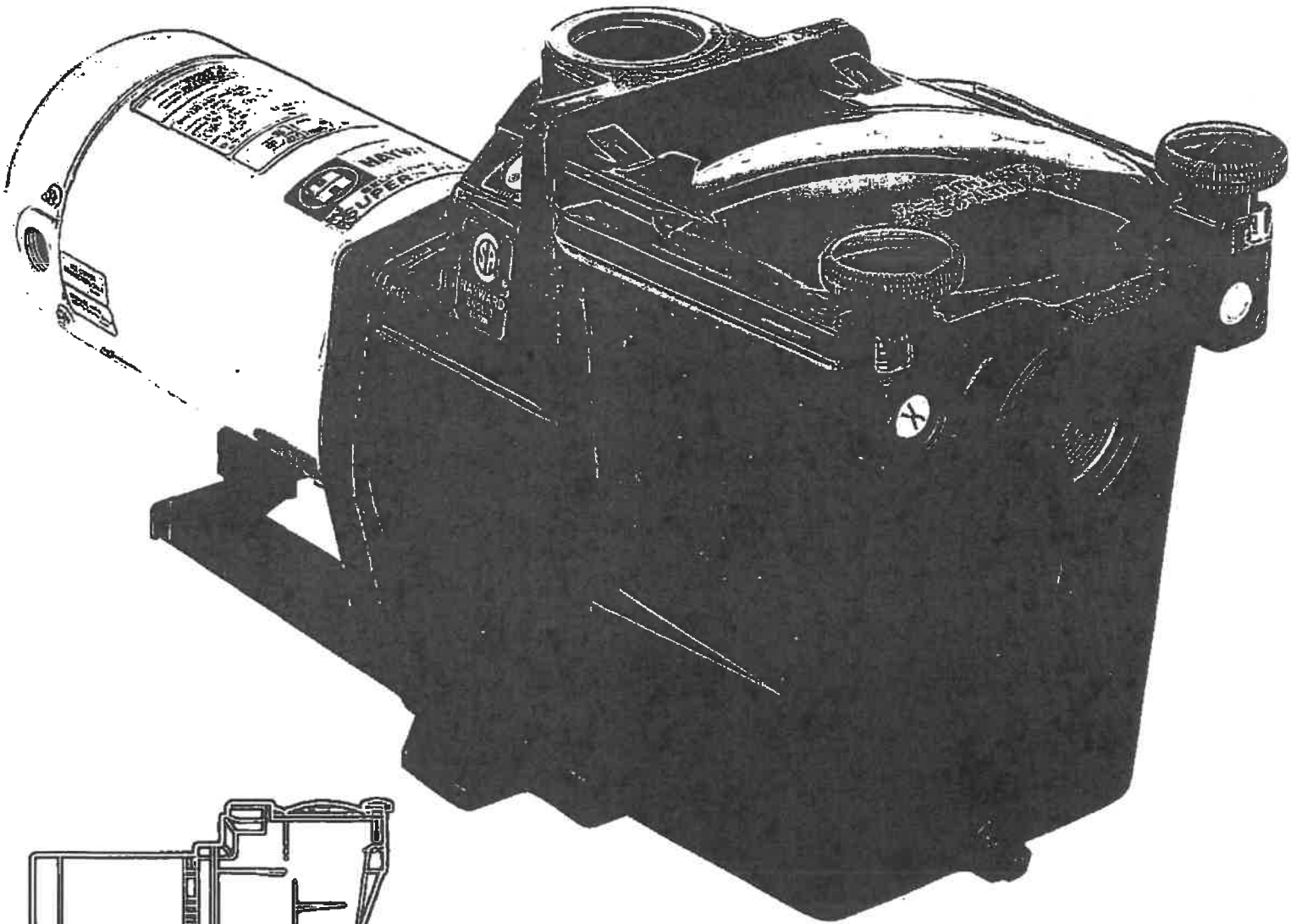
6597 Kitimat Road
Mississauga, Ontario L5N 4J4

Hayward S.A.
245. Rue Du Rond Point
B6060 Gilly, Belgium

 Printed in U.S.A.

HAYWARD®

Super Performance. Extra efficiency. Safe, quiet operation. Durable and corrosion-proof. Dependable. Proven. This is Hayward's new generation Super Pump – a pump engineered and built for today's demanding, cost-efficient installations. The new Super Pump out-performs all others and has all the quality features you expect from Hayward. From large "see-thru" strainer and Service-Ease design to new higher performance, the Super Pump sets a new standard of excellence and value.



SOIL REMOVAL/FILLING FINAL INSPECTION

ENGINEERING DEPARTMENT
TOWNSHIP OF HOWELL

Date: July 18, 1997 Permit: 96-26

Address: 643 Fort Plains Road

Applicant: Newman

Contractor: Pool & SPA Doctor

BLOCK: 135 LOT: 14.01

	Acceptable	Unacceptable*
Grading	✓	
Stabilization	✓	
Drainage	✓	
Curb	N.A.	
Sidewalk	N.A	

RECOMMENDATION (S) AND/OR REQUIRED DOCUMENTATION:

✓ Meets engineering requirements - recommend consideration for issuance of Certificate of Approval.

____ Does not meet engineering requirements - recommend Certificat of Approval not be considered until site conforms.

Comments:

M.C Gent
Inspector

7-18-97
Date

APPROVED

7-21-97
Date

DISAPPROVED

DATE

cc: Construction Official ✓
Applicant -
Contractor -
Inspector -
Tax Assessor -
Edith Acosta (if disapproved)

*APPLICANT IS REQUIRED TO ACCOMPLISH ALL ITEMS NOTED AS UNACCEPTABLE WITHIN TWENTY-ONE (21) DAYS OF THE APPLICANT'S RECEIPT OF THIS NOTIFICATION. THIS DEPARTMENT SHALL BE NOTIFIED IMMEDIATELY UPON THE COMPLETION OF WORK.

4/92

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME Newman BLOCK 135 LOT 1401

ADDRESS 643 Fort Plains Rd ZONING RELEASE

DATE SUBMITTED 4/12/96

DEVELOPMENT 1G Pool & fence around pool

	PT VIEWED BY:		APPROVED	COMMENTS
BUILDING ✓		4/17 4-23-96	~~Kott~~	Stockade fence Pool Alarm
PLUMBING				
FIRE				
ELECTRICAL ✓	4/16/96		OK	
MECHANICAL				
SEPTIC				
OTHER				

RECEIVED APR 12 1996

RECEIVED APR 23 [illegible]

CODE FIRM

HOWELL TOWNSHIP

LAND USE CERTIFICATE

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

PROPERTY: BLOCK 135 LOT(S) 14.01 STREET 643 Fort Plains Rd.

TELEPHONE # 908-780-9516

NAME Robert J. Newman

ADDRESS 643 Fort Plains Rd
Howell, NJ 07731

PHONE [redacted]

USES
Principal _____
Accessory Inground pool
New Construction 0 Existing Structure _____
Interior Remodeling _____

FOR OFFICE USE ONLY:
ZONE HHL
USE PERMITTED: Yes ☑
No ☐

DESCRIPTION OF LOT: Corner lot: Yes ☐ No ☐
Frontage _____ feet Depth _____ feet
On an improved street: Yes ☐ No ☐
Total lot area _____ square feet

LOCATION OF STRUCTURES: Principal structure
Setback from right of way: _____ feet
(and _____ feet if corner lot)
Sideyard clearances: _____ feet & _____ feet
Rearyard clearances: _____ feet

Accessory structure:
Setback from right of way: _____ feet
(and _____ if corner lot)
Sideyard clearances: 80 feet & 80 feet
Rearyard clearances: 18 feet

DESCRIPTION OF STRUCTURES: Principal
Height _____ feet to highest point
Length _____ feet Width _____ feet
Useable floorspace _____ square feet
Number of stories _____ Basement: Yes ☐ No ☐
Number of apartments _____ Number of Bedrooms _____

Accessory structure:
Height _____ feet to highest point
Length _____ feet Width _____ feet

PARKING: Number of off-street parking spaces _____
Percentage of lot covered by parking areas, walkways, etc. _____ %.

SURFACE COVERAGE: Percentage of lot covered by buildings:
_____ %
Percentage of lot covered by other impervious surfaces: _____ %

ATTACH A COPY OF SURVEY OR SKETCH OF PROPOSAL

FOR OFFICE USE:
FEE: _____ $10.00 residential
FEE: _____ $20.00 non-residential
DATE FEE PAID: 4/12/16

X [signature] 4/12/16
SIGNATURE OF APPLICANT DATE

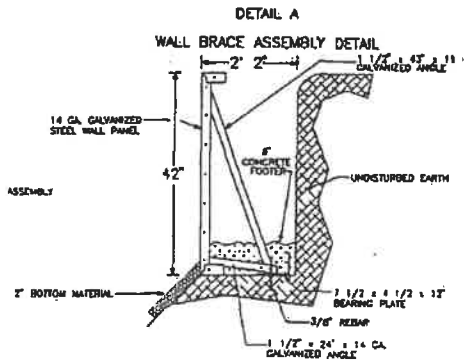
Based on the above application and the statements which are made part thereof, the proposed usage is found to be in accordance with the Land Use Ordinance of the Township of Howell and is hereby approved.

4/12/16 [signature]
DATE HOWELL TOWNSHIP/LAND USE OFFICE

COMMENTS/EXPLANATIONS: _____

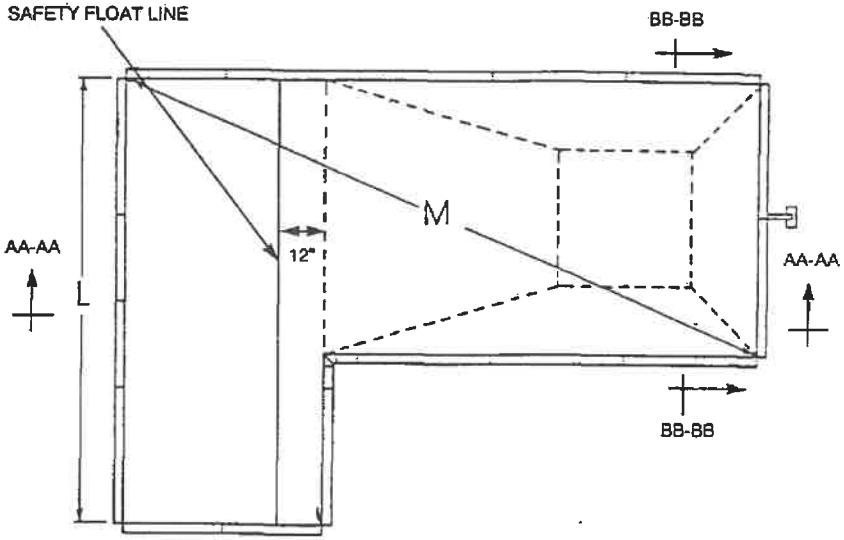
REFERRALS: ☑ To Building Dept. ☐ To Zoning Bd. ☐ To Engineering
☐ To Planning Bd. ☐ To Bd. of Health ☐ To _____

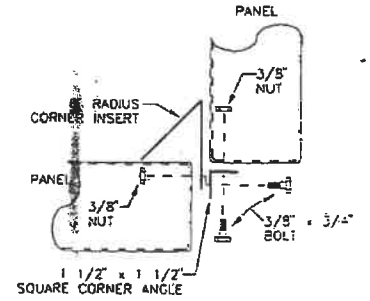
DETAIL A

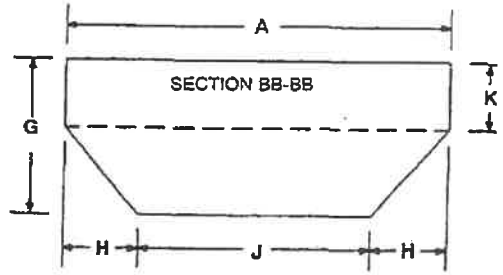


1) POUR MINIMUM OF 4" CONCRETE AROUND ENTIRE PERIMETER & IN ADDITION MOUND AT LEAST 1 CU/FT OVER EACH "A" FRAME
2) FINISH POOL BOTTOM WITH A MINIMUM OF 2" COMPACTED SAND OR A VERMICULITE & CEMENT MIX

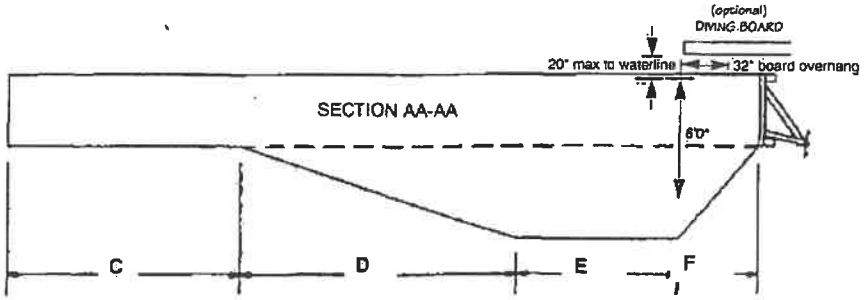
POOL SIZE	A	B	C	D	E	F	G	H	J	K	L	M	N
16' X 38' X 26' X 12'	16'	38'	12'	14'	8'	4'	8'	4'	8'	3'6"	26'	41'2-3/4"	28'7-5/8"
18' X 40' X 30' X 12'	18'	40'	12'	14'	10'	4'	8'	4'	10'	3'6"	30'	43'10-3/8"	32'3-3/4"







FINISHED DEPTHS



Donald C. Meserlian, P.E.
284 Park Ave.
N. Caldwell, NJ 07006
(201) 228-2268

3/18/94

CARDINAL SYSTEMS
STANDARD TRUE ELL POOL

WARNING!!
DO NOT DIVE IN SHALLOW END.
USE DIVING EQUIPMENT SPECIFICALLY DESIGNATED FOR & INSTALLED IN ACCORDANCE WITH NATIONAL SWIMMING POOL INSTITUTE & B.O.C.A. RESIDENTIAL STANDARDS.

BLOCK 135 LOT 14.01 QUALIFICATION CODE _____ ADDRESS (SITE) 643 Fort Plains Rd PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 643 Fort Plains Rd
2. Name of Owner in Fee: Robert D Newman Tel. ([redacted]
   Address 643 Fort Plains Rd (street) Howell (municipality) 07731 (zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: Gannon Construction Tel. (732) 988 9500
   Address 147 S. Main St. Neptune, NJ 07753
   License No. OR, if new home, Builder Reg. No. 026727 Exp. Date _____
   Federal Employee No. [redacted] FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

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. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ 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	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☑ Alteration	6000								
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

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:

U.C.C. F100-1 (rev. 3/96)

LDS HW-B 10114019

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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) 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 Allison M. Newman Date 4/22/98

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 _____

Address _____

_____

Telephone (_____) _____

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 12-4-98
Control #
Permit # 98-1068

CERTIFICATE

IDENTIFICATION

Block 135 Lot 14.01
Work Site Location Same as below

Owner in Fee/Occupant Neuman
Address 643 Fort Plains Rd
Howell, NJ 07731
Tele. ( ) [redacted]
Contractor Gannon Building
Address 1475 Main St
Neptune, Ni
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
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:

Compeltion and approval of reroof

☐ **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 _____, 19_____ 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 _____.

Est Cost 6000.00

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. F280
(rev. 3/96)

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

CONSTRUCTION PERMIT

Date Issued 6-24-98
Control #
Permit # 98-1068

IDENTIFICATION Block 135 Lot 14.01
Work Site Location 643 Fort Plains Rd
Howell, NJ 07731
Owner in Fee Robert D. Newman
Address 643 Fort Plains Rd.
Howell, NJ 07731
Tel. ([redacted]

Contractor Gannon Building
Address 475 Main St.
Neptune, NJ 07753
Tel. (732) 988-9500
Lic. No. or Bldrs. Reg. No. 026727
Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: new roof
tearing off old roof : GAF-25yr.

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 $ 6000

Construction Official

Date

PAYMENTS (Office Use Only)	
Building	48.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other CC	5.00
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	53.00
Check No.	2338
Cash	
Collected by	6-24-98

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

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

(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.

U.C.C. Form F-170D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6-24-98
Date Issued
Control #
Permit # 98-1068

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

Block 135 Lot 14.01
Work Site Location 643 Fort Plains Rd
Howell, NJ 07731
Owner in Fee Robert D. Newman
Address 643 Fort Plains Rd Howell, NJ 07731
Tele. [redacted]
Contractor Gannon Building
Address 147 S. Main St
Neptune NJ 07753
Tele. (732) 988 9500 Fax ( )
Lic. No. or Bldrs. Reg. No. 026727
Federal Emp. No. [redacted]

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.

Allison M Newman
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

re-roof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	6-24-98	WK
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-8-98
Approved by: (WK)

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12-3-98	JE
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [X] 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)

	$ 48.00
	5.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 6000.00
2. Alteration $
3. Total (1+ 2) $

U.C.C. F110 (rev. 3/98)

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

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME Newman BLOCK 135 LOT 14.01

ADDRESS 643 Ft. Plainfield ZONING RELEASE

DATE SUBMITTED

DEVELOPMENT Reroof

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING ✓	5-27-98		✓	
PLUMBING				
FIRE				
ELECTRICAL				
MECHANICAL				
SEPTIC				
OTHER -				6/9 9:58AM machine

RECEIVED
MAY 22 1998

CODEI.FRM