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: MICHELLE GROSS Tel. ([redacted]
   Address 643 FORT PLAINS RD (street) HOWELL (municipality) 07731 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: TELEPHONE PIONEERS Tel. (732) 3895397
   Address 2 ORCHARD LANE, COLTS NECK NJ 07722
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. [redacted] FAX: (_____) _____
5. Architect or Engineer ERIC OBERG Tel. (732) 389 5397
   Address 2 ORCHARD LANE, COLTS NECK NJ 07722
6. Responsible Person in Charge of Work ERIC OBERG
   Tel. (732) 389 5397 FAX (_____) _____

RAMP

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		1		
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	47		

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	1000.00								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ ~~Alteration~~					10/21/98	DB			
5. ☐ Fire Protection									
6. ☑ Plumbing									
7. ☐ Electrical									
8. ☑ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8	[redacted]								
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1000.00								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

LDS HW-B 10114020

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

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 TELEPHONE PIONEERS OF AMERICA / ERIC OBLER

Address 2 ORCHARD LANE

COLTS NECK NJ 07722

Telephone (732) 389 5397

Signature Eric Obler

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 11-17-99
Control #
Permit # 99-2124

CERTIFICATE

Block 135 Lot IDENTIFICATION 14.01
Work Site Location Same as below

Owner in Fee/Occupant Gross
Address 643 Ft Plains Rd
Howell, NJ 07731
Tele. ( ) [redacted]
Contractor Telephone Pioneers
Address 2 Orchard Ln
Colts Neck, 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 handicap ramp

☐ **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.

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.

☐ **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 1000.00

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

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

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

CONSTRUCTION PERMIT

Date Issued 10-21-99
Control #
Permit # 99-2124

IDENTIFICATION Block 135 Lot 14.01

Work Site Location 643 FORT PLAINS RD. HOWELL NJ

Owner in Fee MICHELLE GRASS

Address 643 FORT PLAINS RD. HOWELL NJ 07731

Tel. ([redacted])

Contractor TELEPHONE PIONEERS / GLIC OBERER

Address 2 ORCHARD LANE COLTS NECK NJ 07722

Tel. (732) 389 5397

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

CONSTRUCTION OF RESIDENTIAL HANDICAPPED ACCESS RAMP AS SHOWN ON ATTACHED DRAWINGS.

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 $ 1000.00

T.U. (SM)
Construction Official

10-21-99
Date

PAYMENTS (Office Use Only)

Building	46.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.00
Cert. of Occupancy	
Other	
Total	47.00
Check No.	4957
Cash	
Collected by	

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 10-21-99
Date Issued
Control #
Permit # 99-2124

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
Owner in Fee MICHELLE GROSS
Address 643 FORT PLAINS RD
HOWELL NJ 07731
Tele. [redacted]
Contractor TELEPHONE PIONEERS / ERIC OAKES
Address 2 MACHARIA LANE
COLTS NECK NJ 07722
Tele. (732) 389 5397 Fax ( )
Lic. No. or Bldrs. Reg. No.
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONSTRUCTION OF RESIDENTIAL HANDICAPPED ACCESS RAMP AS SHOWN ON ATTACHED DRAWINGS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[X] Frame	10/21/96	CB
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/19/99
Approved by: QB

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11/16/99	PSO
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 HANDICAPPED ACCESS RAMP
[ ] Demolition

FEE (Office Use Only)

$ 46

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1-
TOTAL FEE	$	47.00

B. BUILDING CHARACTERISTICS

Use Group	Present		Proposed R-3
Constr. Class	Present		Proposed 5-B
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 $ 1000.00
3. Total (1+2) $ 1000.00

#4457

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 10-21-96
Date Issued
Control #
Permit # 96-2124

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

Block 125 Lot 14.01
Work Site Location 643 FORT PLAINS RD.
HOWELL NJ
Owner in Fee MICHELLE GROSS
Address 643 FORT PLAINS RD
HOWELL NJ 07731
Tele. [redacted]
Contractor TELEPHONE PIONEERS / ERIC OBERER
Address 2 ORCHARD LANE
COLTS NECK NJ 07722
Tele. (732) 399 5397 Fax ( ) _____
Lic. No. or Bldrs. Reg. No.
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONSTRUCTION OF RESIDENTIAL HANDICAPPED ACCESS RAMP AS SHOWN ON ATTACHED DRAWINGS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame	10/21/96	GB
[ ] Other		

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

SUBCODE APPROVAL
[ ] CCO [ ] CCO [ ] CA
Date: 10/21/96 GB
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
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 HANDICAPPED ACCESS RAMP
[ ] Demolition

FEE (Office Use Only)

$	
	96
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 1-
TOTAL FEE	$ 47.00

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed R-3
Constr. Class	Present	Proposed 5-B
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 $ 1000.00
3. Total (1+ 2) $ 1000.00

#1457

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

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant 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) 14.01 STREET 643 FORT PLAINS RD

APPLICANT: NAME MICHELLE GROSS

ADDRESS 643 FORT PLAINS RD.

PHONE [redacted]

PROPOSED USE: ZONE:

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

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: ____ $20.00 non-residential

Eric Chun 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. Mannacce
HOWELL TOWNSHIP LAND USE OFFICER

COMMENTS/EXPLANATIONS: ____

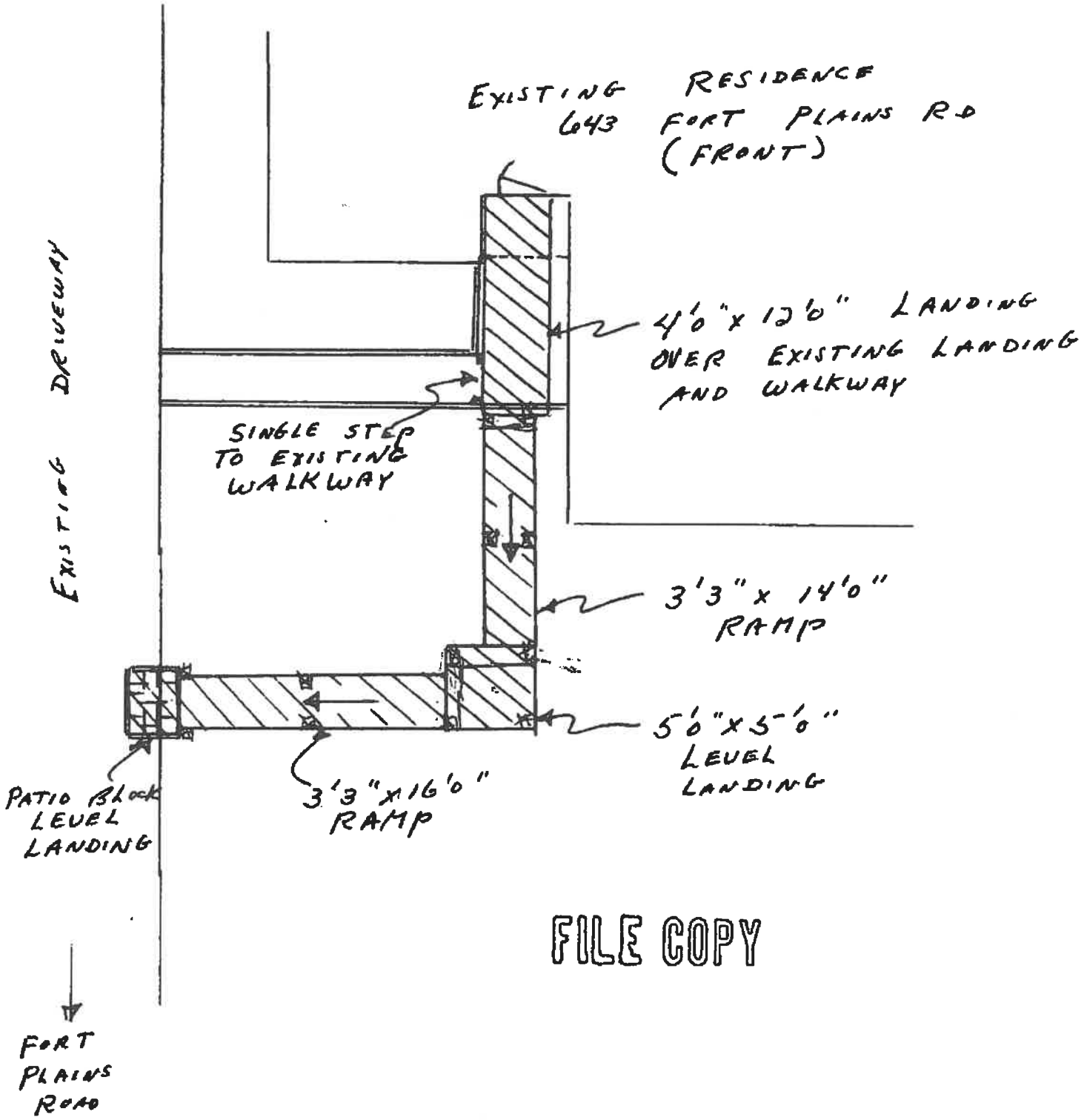
REFERRALS:

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

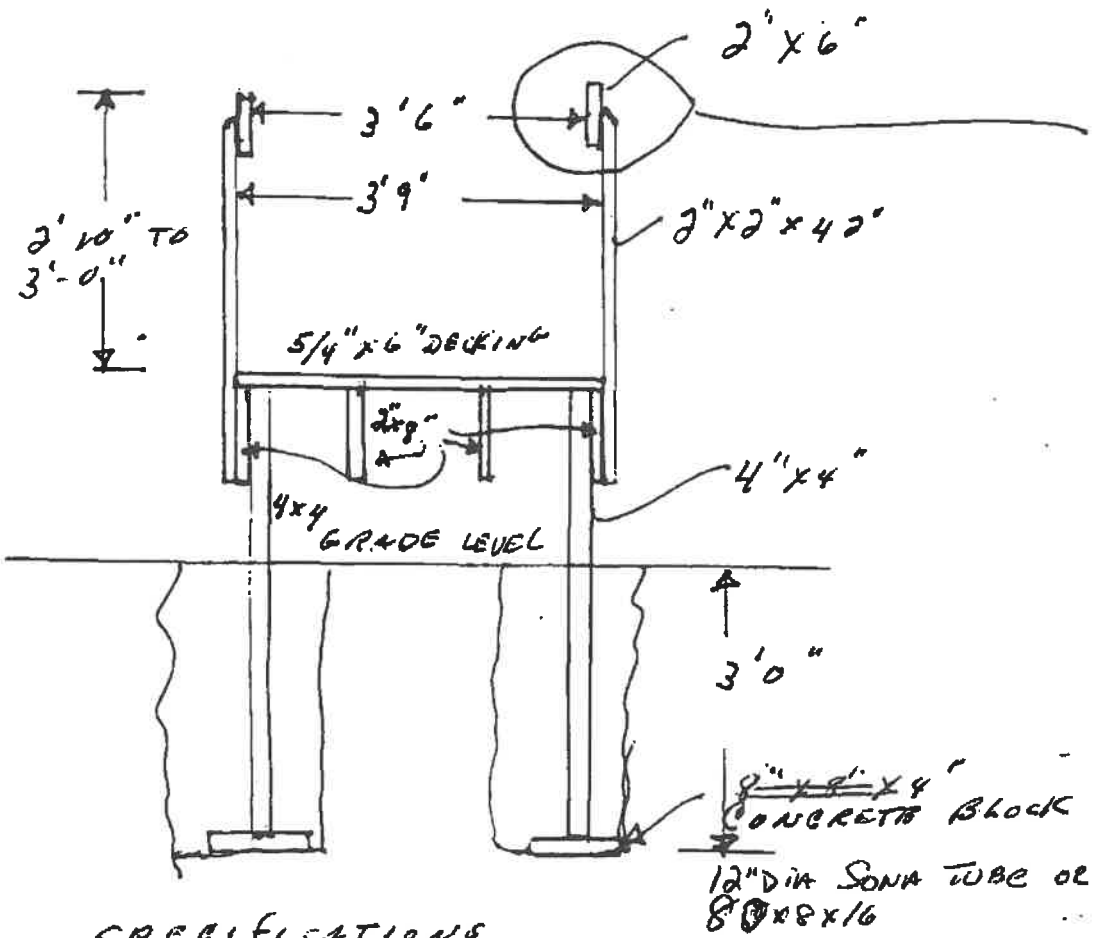
WHITE — APPLICANT CANARY — BUILDING PINK — LAND USE OFFICE

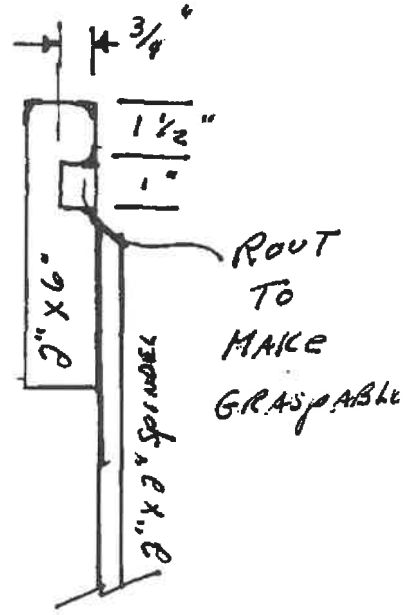
HANDICAP RAMP - Howell Twp

SHEET-1



SECTION THROUGH RAMP A A





RAIL DETAIL

SPECIFICATIONS

1. ALL LUMBER CCA
2. SUPPORTS TO BE 4"X4" BEARING ON CONCRETE BLOCK 8"X8"X16"
3. FRAMING TO BE 2"X8"
4. DECKING TO BE 5/4"X6"
5. RAILS TO BE 2"X6' - 34"-36" HIGH WITH 2"X2"X42" SPINDELS - 4" ON CENTER
6. PITCH TO BE 1" PER FOOT

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 10-7-99

DEVELOPMENT _____ Ramp

	FIRST REVIEW	SECOND REVIEW	APPROVED	DENIED	COMMENTS
BUILDING ✓	10/12/99	10/21/99 JB	OK	X VTO	Need Footing Layout Need Girder Layout
PLUMBING					
ELECTRIC					
FIRE					
MECH.			OCT - 7 999		10-12 389-5397 11:15
OTHER CO Applica.	GIVEN	RETURNED			

DATE NOTIFIED _____ LEFT ON ANSWERING MACHINE YES NO

BLOCK 135 LOT 14.01 ADDRESS(site) 643 Fort Plains Road 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 Howell NJ -
2. Name of Owner in Fee: Robert D. Newman Tel. [redacted]
   Address 643 Fort Plains Rd (street) Howell NJ (municipality) 07731 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Self 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 Robert D. Newman Tel. [redacted]

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. 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. ☐ 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

U.C.C. F-100B

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 10114025

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 3/18/92

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 of Approval	No.				

CERTIFICATE

Date Issued 10-26-92
Control #
Permit # 1976-1

IDENTIFICATION

Block 135 Lot 14.01
Work Site Location 643 Fort Plains Road Howell
Owner in Fee Robert Newman
Address Same
Tele. ( ) [redacted]
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group U
Maximum Live Load
Description of Work/Use:

Completion and approval of the construction of a 33' x 22' x 12' Deck.

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

Est. Cost: $2,000.00

Fee $
Paid [ ] Check No.
Collected by: mas

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 8-25-92
Control #
Permit # 1876-1

IDENTIFICATION Block 135 Lot 14.01

Work Site Location 643 Fort Plains Rd. Howell N.J. 07731
Owner in Fee Robert D. Newman
Address 643 Fort Plains Rd Howell N.J. 07731
Tele. ([redacted])

Contractor Self
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

DESCRIPTION OF WORK:

Deck Replacement
33 x 22 x 12

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 $ 2000.00

WLK (N)
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	25.00
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	20.00
Other	
Total	45.00
Check No.	1779
Cash	
Collected By:	WK

U.C.C. Form F-170A

(see reverse side)

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 1708

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 8-18-92
Date Issued 8-25-92
Control #
Permit # 1976-1

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 RD
HOWELL NJ 07731
Owner in Fee ROBERT D. NEWMAN
Address 643 FORT PLAINS RD
HOWELL N.J. 07731
Tele. [redacted]
Contractor SELF
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

33' X 22' X 12
DECK Replacement

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: 10-22-92		
Approved By:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing			8/26/92	
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			10/22/92	

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 2000.00
3. Total (1+2) $ ____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

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

U.C.C. Form F-110A 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) 14.01 STREET FORT PLAINS ROAD

APPLICANT: NAME ROBERT D. NEWMAN

ADDRESS 643 FORT PLAINS RD HOWELL NJ 07731

PHONE [redacted]

PROPOSED USE: ____ Fence ____ Detached garage ____ Shed

ZONE: ____ Pool X 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 60' feet and 105' feet
Rear yard clearances 75' feet

DESCRIPTION OF STRUCTURE: Height ____ feet to highest point
Length ____ feet Width ____ 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

SIGNATURE OF APPLICANT 8/18/92 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.

8-18-92
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

DRAWINGS OF PROPOSED

DECK REPLACEMENT

FOR

ROBERT D NEWMAN

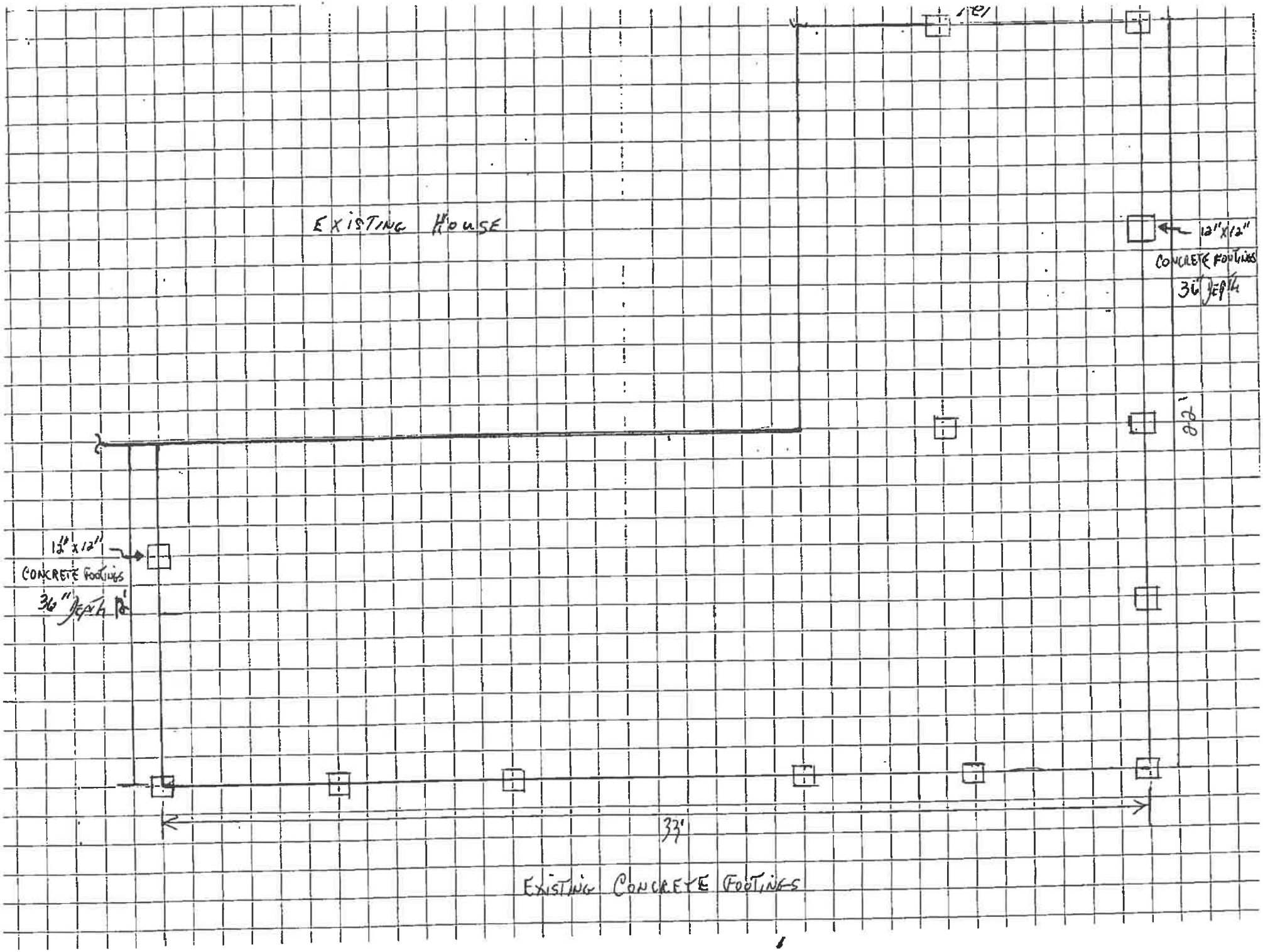
642 FORT PLAINS ROAD

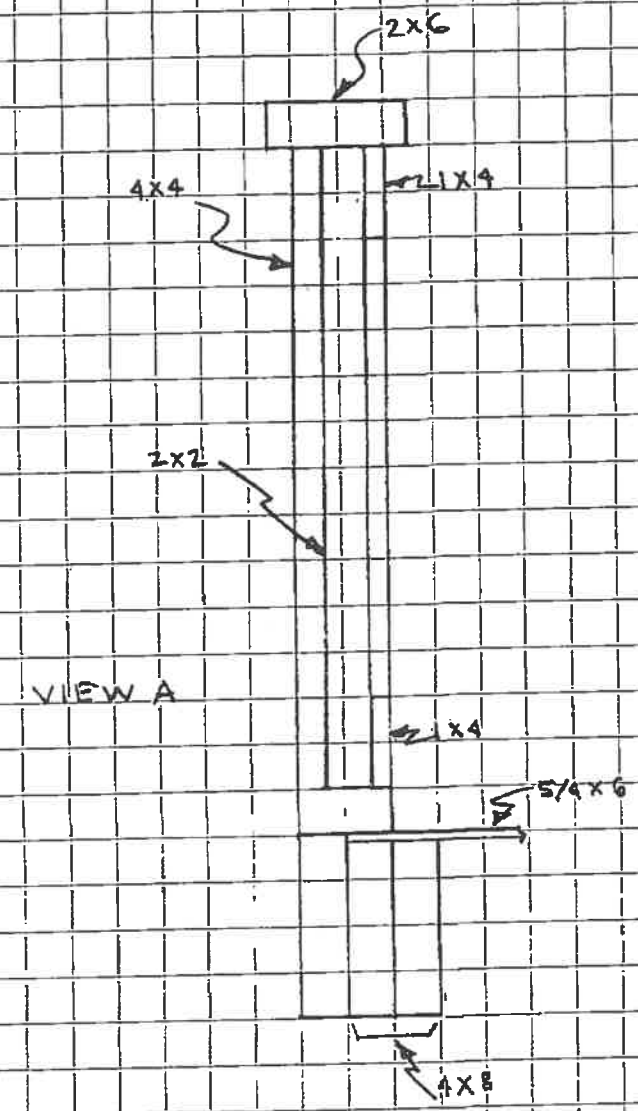
HOWELL NEW JERSEY

780-9516

OR

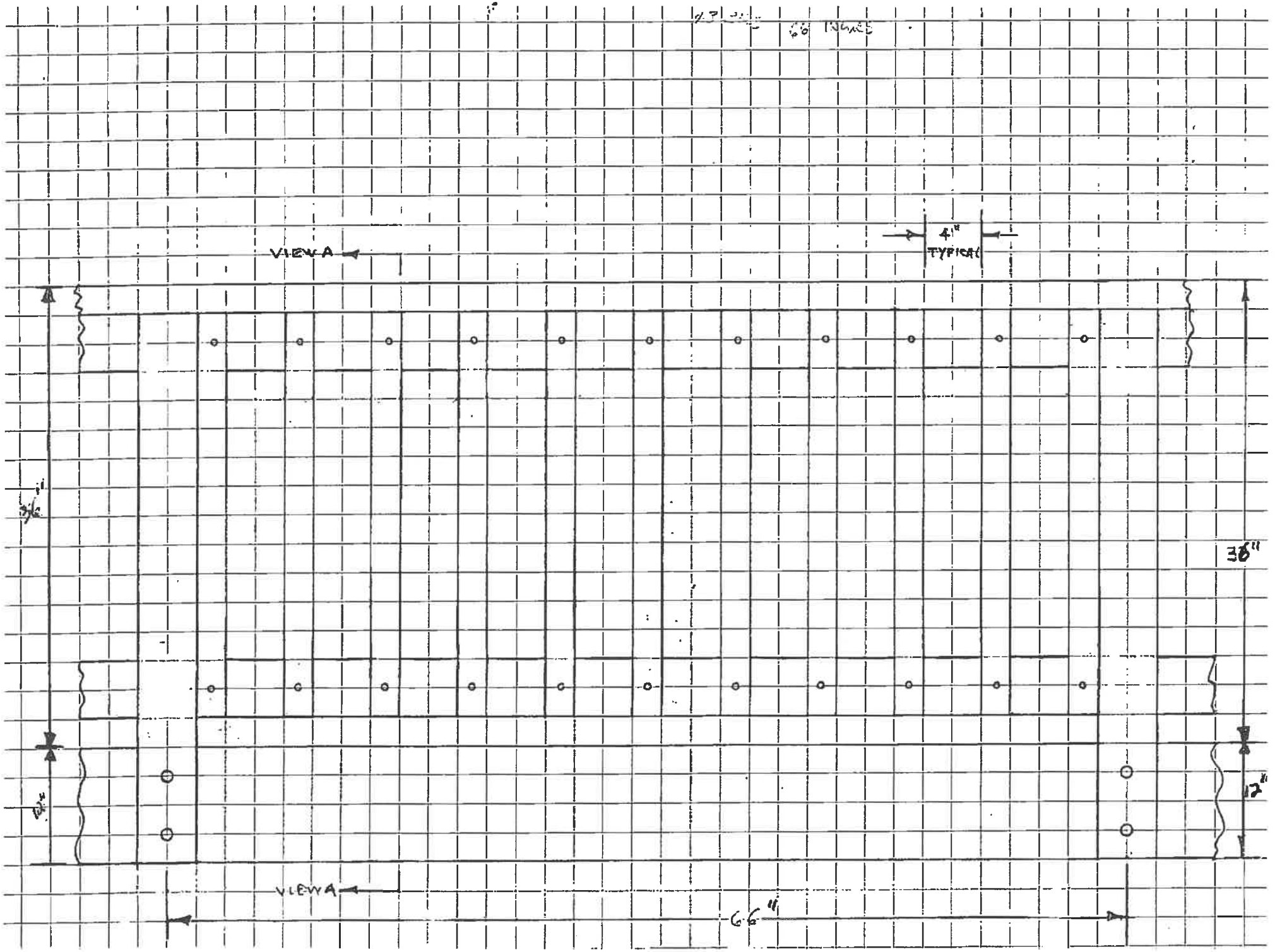
774-6793

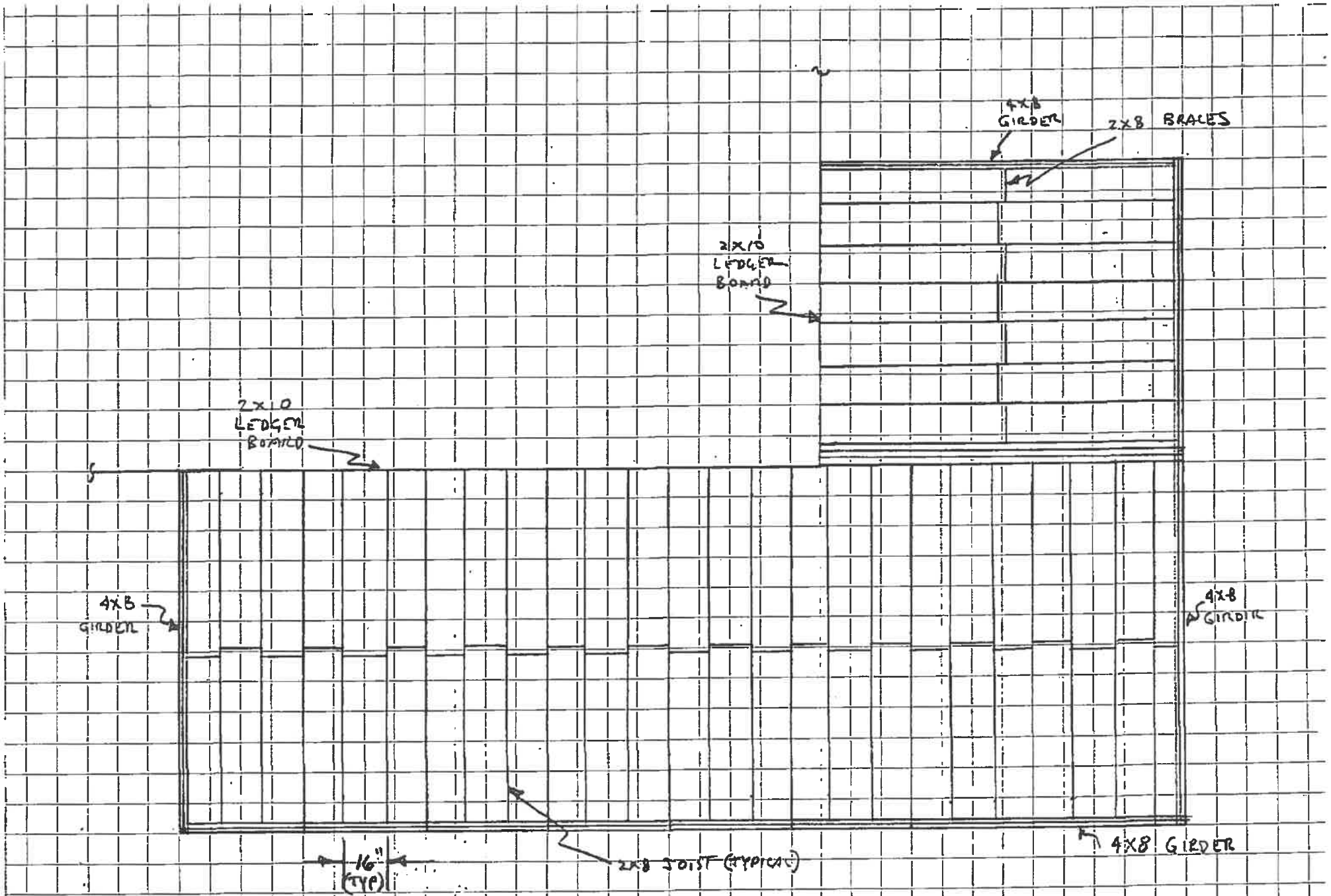

EXISTING HOUSE
12" X 12"
CONCRETE FOOTINGS
36" DEPTH
92'
12" X 12"
CONCRETE FOOTINGS
36" DEPTH
33'
EXISTING CONCRETE FOOTINGS



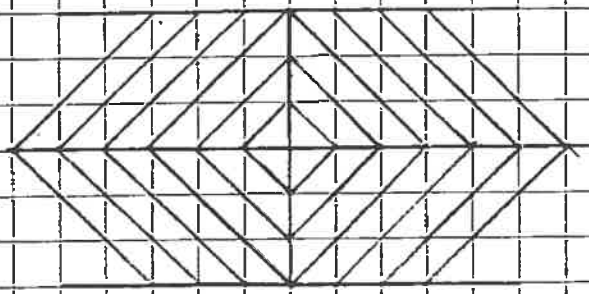
VIEW A

RAILING DETAIL SHEET 2 OF 2


VIEW A
4"
TYPICAL
36"
12"
VIEW A
66"



JOIST AND GIRDER DETAIL



DECK DETAIL

EXISTING HOUSE

12'

12'

22'

33'

DECK LAYOUT

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

RECEIVED AUG 18 1992

PLAN REVIEW CHECK LIST

NAME NEWMAN BLOCK 135 LOT 40.7

ADDRESS 643 Ft Plains Rd ZONING RELEASE

DATE SUBMITTED 8-18-92

DEVELOPMENT [redacted] DECK

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING	8-19-92 8-21-92	RHG.	NOT OK	① RAIL HEIGHT 36" REQ'D. ② FOOTING DEPTH 36"
PLUMBING				
FIRE				
ELECTRICAL				
MECHANICAL				
SEPTIC				
OTHER				

RECEIVED AUG 21 1992 Re-Submit

RECEIVED AUG 21 1992

CODELFIRM

HOWELL, TOWNSHIP OF
(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

Township of Howell

Certificate of Continued Occupancy A№ 8572

Date 11/9/90

Property Address: 643 Fort Plains Road Howell Block 135 Lot 14.01

Property Owners Name: M. Goodwin

Address: 643 Fort Plains Road Howell New Jersey 07731

Person Making Application: M. Goodwin

Attorney or Real Estate Broker: ERA

☒ DWELLING 1FD ☐ COMMERCIAL ☐ INDUSTRIAL

TO WHOM IT MAY CONCERN: resale

This is to certify that Inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes, and establishing procedures for continued occupancy.

FEE $35.00 Inspected By Patricia J. Hooper

11/10/90
DATE ISSUED

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

HOWELL TOWNSHIP INSPECTIONS OFFICE

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY

PLEASE NOTE: BOARD OF HEALTH MUST BE CONTACTED FOR WELL & SEPTIC APPROVAL

1.) PROPERTY OWNERS NAME AND ADDRESS:

Nathaniel Goodwin
643 Fort Plains Road
Howell, N.J. 07731

2.) PROPERTY LOCATION:

BLOCK: 135 LOT: 14.01

TELEPHONE # _____

3.) DOES THE PROPERTY HAVE A WELL? Yes SEPTIC SYSTEM? Yes

4.) OCCUPANCY CHANGE IS DUE TO SALE? Yes RENTAL? No

5.) NAME, ADDRESS AND TELEPHONE NUMBER (DAYTIME) OF PERSON THAT WILL BE AVAILABLE FOR INSPECTION:

Rick Schandell ERA Action Plus Realty 303-0111

6.) NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR REALTOR:

Samo

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A CONTINUED CERTIFICATE OF OCCUPANC IS TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMUM REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENT BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDEN PROTECT HIMSELF WITH THE REGARD TO THE PREMISES BEING OCCUPIED, AS INSPECTIONS SUCH AS THESE REQUIRE JUDGEMENT IN DIFFICULT AREAS AND AS THE WHOLE AND NOT FO THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPAL ASSUMES NO LIABILITY BY RE OF THE ISSUANCE OF A CERTIFICATE OF CONTINUED OCCUPANCY.

PLEASE NOTE THAT THERE WILL BE A RE-INSPECTION CHARGE OF $25 IN NEED OF A THIRD INSPECTION OR IN THE EVENT THAT NOBODY IS HOME ON THE DAY OF THE INSPECTION.

FEE SCHEDULE IS AS FOLLOWS:

RESIDENTIAL/CITY WATER AND SEWER: $25.00
RESIDENTIAL/WELL AND SEPTIC: $35.00
COMMERCIAL/CITY WATER AND SEWER: $50.00
COMMERCIAL/WELL AND SEPTIC: $60.00

PAYMENT MADE BY: CASH: _____ CHECK: $35.00

PAYMENT OF: $ 35.00 IS ENCLOSED WITH THIS APPLICATION.

I UNDERSTAND THE ABOVE AND WILL ALLOW THE MUNICIPAL INSPECTOR ONTO ABOVE PROPE AT ANY REASONABLE TIME.

X _____ DATE: 11/1/90
signature

DEPARTMENTS REQUIRED FOR INSPECTION: _____

NOTE: ALL APPLICATIONS WITH WELL AND SEPTIC SYSTEMS MUST CONTACT MONMOUTH COUN BOARD OF HEALTH BETWEEN 9 & 5 MONDAY THRU FRIDAY TO ARRANGE FOR THE INSPECTIO OF THE WATER AND SEPTIC. #431-7456. NO CERTIFICATES OF OCCUPANCY WILL BE ISSUED UN APPROVAL FROM THE HEALTH DEPT. IS RECEIVED.
BECAUSE OF TIME AND PAPERWORK INVOLVED IN HANDLING THE PROCESSING OF THE C/C/O, THERE WILL BE NO REFUNDS OF APPLICATION FEES IN THE EVENT OF CANCELLATION OF THE INSPECTION.

YOUR INSPECTION DATE WILL BE: Mon. 11/5 @ 11:00

ARE THERE ANY OPEN PERMITS? No HAVE THEY BEEN FINALED? _____

rev. 1/88

HOWELL TOWNSHIP

NAME Goodwin — BLOCK 135 — LOT 14.01

ADDRESS 643 Ft. Plains Rd. — 11-5-90

BUILDING TYPE: TOWN HOUSE | ONE FAMILY | ~~APARTMENT~~ | COMMERCIAL | OFFICE | TRAILER | NO ADMITTANCE

NJHC No	STRUCTURE INTERIOR	VIOLATION
3.1	Potable — Approved Water Supply	
3.2	Flow Rate Min. 1 Gal Per Minute	
4.1	Kitchen Sink — Flush Toilet — Stove — Tub — Shower	
4.3	Toilet — Tub — Shower Affords Privacy	
4.4	Plumbing Fixtures in Good Working Order Properly Connected	
4.5	Sinks — Tubs — Showers Hooked to Hot & Cold Water	
4.6	Water Heater Properly Installed Able to Heat Water to 120° F.	
6.1	Minimum Window Area 10% of Floor Area	
6.3	Each Room to Have 2 Electrical Outlets or 1 Outlet — One Wall Switch or Pullchain	
6.4	All Electric Wiring to Meet Codes	
6.5	Common Stairways Min. Light 2 Lumens, Bathroom Min. Lumens 3	
6.6	Bathroom Light to be Controlled by Wall Switch	
7.1	Habitable Rooms to Have 2 Air Changes an Hour — Bathrooms Need 6 Changes Per Hour	
8.1	Heating Equipment Properly Installed and in Good Working Order 70° Min. Heat	
8.2	Space Heaters to be Vented	
8.2-9	Smoke Detectors on all Levels	
9.1	Egress Safe and Unobstructed	
9.2	Below Ground Sleeping Room — Proper Egress	
10.1	Floors — Foundation — Walls — Ceilings — Doors — Windows — Glass in Clean and Good Condition	
10.2	3 or More Steps To Have Hand Rails	
10.5	Foundation — Floors — Walls Free of Dampness	
10.6	Free From Rodents — Vermin — Insects, Windows Screened May 1 to Oct. 1	
10.8	Paint — Wallpaper in Good Condition	
10.9	Kitchen — Bathroom Floors Water Impervious	
11.1	Dwelling to Have 150 sq ft 1st Occupant; 100 sq ft for Each Additional Occupant	
11.2	Sleeping Area 70 sq ft For One Occupant 50 sq ft For Each Additional Occupant. Trailers 30 sq ft For 1 Occ.; 60 sq ft For Each Occ. Over 1.	
11.3	Min. Ceiling Height 7' for 50% of Floor Area	
11.5	Sleeping Room Not To Be More Than 3'6" below Ground	
10.1	Clean — Repair Furnace	
10.1	Trailers to Have 5 lb ABC Fire Extinguisher	
	repair wall in entry rear wall	
	paint where needed	
	carpet not permitted in bathrooms	

NJHC No.	STRUCTURE EXTERIOR
5.1	Trash Properly Stored in Containers
10.1	Windows — Roof — Other Parts of Building in Good Repair
10.3	Porch — Balcony Has Safe Railings
10.4	Roof — Walls — Windows — Exterior Doors Free From Holes and Leaks
10.7	Premises Free From Litter — Garbage — Rubbish — Junk. Lawns — Hedges — Bushes Trimmed — Fences in Good Repair
10.7	Repair Steps — Sidewalk — Driveway
10.5	Correct Improper Drainage
10.1	Point up Brickwork
10.5	Repair Masonary Walls
10.1	Repaint Trim
10.1	Repaint House
10.1	Repair — Replace Gutters — Down Spouts
10.1	Place Street Number on Building
10.1	Pool Fencing to Meet Code
10.1	Clean Rain Gutters of Debris
	repair windows
	repair toilet master bathroom

	COMMERCIAL — OFFICES
25.9	Provide Electric Smoke — Fire Alarm System
25.10	Provide — Repair Exit Signs
17.1	Storage Area Fire Rated 1 Hour
8.4	Means of Egress Readily Openable
19.2	Entry Door Self Closing or Self Locking
3.1-18	Provide Ample Trash Container Fence Enclosed
3.13-6	Front and Rear Outside Areas to be clean
3.13-6	Repair — Paint Siding
3.13-6	Signs to be in Good Condition
3.13-6	Repair Electric Fixture — Wiring
3.13-6	Repair Entrance Door
3.13-6	2 Means of Unobstructed Egress
8.1	Heating System in Good Condition
3.13-6	Hallways Free of Obstructions
3.13-6	Sidewalk in Good Condition
3.13-6	Parking Area in Good Condition
3.13-6	Parking Area Free of Litter; Parking Space for Handicap if Lot Parks 12 or More Cars
13.2	Hallway Illumination Adequate
3.13-6	Windows, Roof, Other Parts of Building in Good Repair
3.13-6	Correct Water Drainage

Smoke detectors needed all levels

repair wall . source of problem - lower level
repair outlet by leak - lower level - water damaged
tighten toilet - lower level
repair toilet
repair wall behind toilet lower level
remount outlet by stove
remove lowered level kitchen
repair wall behind sink
remove (cap) wires hanging out of wall lower level kitchen.
replace flooring by staircase
remove wood stove or vent properly

exterior

repair main header carport area
repair siding in carport
remove junk vehicle
remove all debris
repair deck - rotted -
clean gutters
repair trim by carport - squirrel damage
repair gutters

HOWELL TOWNSHIP

NAME Newman — 135 BLOCK 14.01 LOT

ADDRESS 643 Fort Plains Rd. — 11-9-90

BUILDING TYPE: TOWN HOUSE | ONE FAMILY | ~~APARTMENT~~ | COMMERCIAL | OFFICE | TRAILER | NO ADMITTANCE

NJHC No	STRUCTURE INTERIOR	VIOLATION
3.1	Potable — Approved Water Supply	
3.2	Flow Rate Min. 1 Gal Per Minute	
4.1	Kitchen Sink — Flush Toilet — Stove — Tub — Shower	
4.3	Toilet — Tub — Shower Affords Privacy	
4.4	Plumbing Fixtures in Good Working Order Properly Connected	
4.5	Sinks — Tubs — Showers Hooked to Hot & Cold Water	
4.6	Water Heater Properly Installed Able to Heat Water to 120° F.	
6.1	Minimum Window Area 10% of Floor Area	
6.3	Each Room to Have 2 Electrical Outlets or 1 Outlet — One Wall Switch or Pullchain	
6.4	All Electric Wiring to Meet Codes	
6.5	Common Stairways Min. Light 2 Lumens, Bathroom Min. Lumens 3	
6.6	Bathroom Light to be Controlled by Wall Switch	
7.1	Habitable Rooms to Have 2 Air Changes an Hour — Bathrooms Need 6 Changes Per Hour	
8.1	Heating Equipment Properly Installed and in Good Working Order 70° Min. Heat	
8.2	Space Heaters to be Vented	
8.2-9	Smoke Detectors on all Levels	
9.1	Egress Safe and Unobstructed	
9.2	Below Ground Sleeping Room — Proper Egress	
10.1	Floors — Foundation — Walls — Ceilings — Doors — Windows — Glass in Clean and Good Condition	
10.2	3 or More Steps To Have Hand Rails	
10.5	Foundation — Floors — Walls Free of Dampness	
10.6	Free From Rodents — Vermin — Insects. Windows Screened May 1 to Oct. 1	
10.8	Paint — Wallpaper in Good Condition	
10.9	Kitchen — Bathroom Floors Water Impervious	
11.1	Dwelling to Have 150 sq ft 1st Occupant; 100 sq ft for Each Additional Occupant	
11.2	Sleeping Area 70 sq ft For One Occupant 50 sq ft For Each Additional Occupant. Trailers 30 sq ft For 1 Occ.; 60 sq ft For Each Occ. Over 1.	
11.3	Min. Ceiling Height 7' for 50% of Floor Area	
11.5	Sleeping Room Not To Be More Than 3'6" below Ground	
10.1	Clean — Repair Furnace	
10.1	Trailers to Have 5 lb ABC Fire Extinguisher	

NJHC No.	STRUCTURE EXTERIOR
5.1	Trash Properly Stored in Containers
10.1	Windows — Roof — Other Parts of Building in Good Repair
10.3	Porch — Balcony Has Safe Railings
10.4	Roof — Walls — Windows — Exterior Doors Free From Holes and Leaks
10.7	Premises Free From Litter — Garbage — Rubbish — Junk. Lawns — Hedges — Bushes Trimmed — Fences in Good Repair
10.7	Repair Steps — Sidewalk — Driveway
10.5	Correct Improper Drainage
10.1	Point up Brickwork
10.5	Repair Masonary Walls
10.1	Repaint Trim
10.1	Repaint House
10.1	Repair — Replace Gutters — Down Spouts
10.1	Place Street Number on Building
10.1	Pool Fencing to Meet Code
10.1	Clean Rain Gutters of Debris

	COMMERCIAL — OFFICES
25.9	Provide Electric Smoke — Fire Alarm System
25.10	Provide — Repair Exit Signs
17.1	Storage Area Fire Rated 1 Hour
8.4	Means of Egress Readily Openable
19.2	Entry Door Self Closing or Self Locking
3.1-18	Provide Ample Trash Container Fence Enclosed
3.13-6	Front and Rear Outside Areas to be clean
3.13-6	Repair — Paint Siding
3.13-6	Signs to be in Good Condition
3.13-6	Repair Electric Fixture — Wiring
3.13-6	Repair Entrance Door
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13.2	Hallway Illumination Adequate
3.13-6	Windows, Roof, Other Parts of Building in Good Repair
3.13-6	Correct Water Drainage

TOWNSHIP of HOWELL

Post Office Box 580 Howell, New Jersey 07731-0580 (201) 938-4500

Nov. 5, 1990

Goodwin
643 Fort Plains Road
Howell, New Jersey 07731

RE: BLOCK 135 LOT 14.01
SITE ADDRESS: 643 Fort Plains

Dear Sir/Madam:

An inspection was conducted on 11/5/90 at the above address for the purpose of obtaining a Certificate of Continued Occupancy.

The violations listed below must be corrected within thirty (30) days of this date and this office MUST be notified for a reinspection. This reinspection must be made to determine that all violations noted on inspection sheet have been corrected. When the violations have been corrected, a Certificate may then be issued.

There will be NO OCCUPANCY OR SALE OF THE PROPERTY UNTIL A CERTIFICATE OF CONTINUED OCCUPANCY HAS BEEN ISSUED BY THIS OFFICE!!! Failure to abide by this measure will result in summonses being issued against you in Municipal Court.

Thank you for your cooperation. Please feel free to call or write this office if further information is required.

VIOLATIONS NOTED AT INSPECTION ARE AS FOLLOWS:

1.) 10.1 Repair wall in living room
2.) 10.1 Paint where needed
3.) 10.9 Carpet not permitted in bathrooms
4.) 10.1 Repair all windows
5.) 4.4 Repair toilet masterathroom
6.) 8/2.9 Smoke detector needed all levels
7.) 6.4 Repair wall switch and wall lower level
8.) 4.4 Tighten toilet at lower level bathroom
9.) 4.4 Repair wall behind toilet at lower level bathroom
10.) 6.4 Reount outlet by stove, lower level
11.) 10.1 Repair wall behind sink area lower level
12.) 6.4 Replace missing outlet in kitchen lower level
13.) 10.1 Repair flooring by landing
14.) 10.1 Remove woodstove
15.) SECOND KITCHEN NOT PERMITTED

SEE PAGE #2

TOWNSHIP OF HOWELL

P.O. BOX 580
HOWELL, NEW JERSEY 07731

201-938-4500
FAX 201-938-4818

EXTERIOR

1.) 10.1 Repair main header at carport
2.) 10.1 Repair siding in carport
3.) 10.5 Remove debris and junk vehicle
4.) 10.1 Clean gutters
5.) 10.1 Repair trim by carport
6.) 10.1 Repair gutters
7.) 10.5 Repair improper dainage
8.) DECK TO BE REPAIRED TO CODE

Yours very truly,

Patricia L. Hoover
Housing Inspector

PLH/

TOWNSHIP of HOWELL

Post Office Box 580 Howell, New Jersey 07731-0580 (201) 938-4500

Nov. 5, 1990

Goodwin
643 Fort Plains Road
Howell, New Jersey 07731

RE: BLOCK 135 LOT 14.01
SITE ADDRESS: 643 Fort Plains

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SEE PAGE #2

TOWNSHIP OF HOWELL

P.O. BOX 580
HOWELL, NEW JERSEY 07731

201-938-4500
FAX 201-938-4818

EXTERIOR

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8.) DECK TO BE REPAIRED TO CODE

Yours very truly,

Patricia L. Hoover
Housing Inspector

PLH/

The Monmouth County Board of Health

Robert Kiefer
President

RT. 9 & CAMPBELL CT.
P.O. BOX 1255
FREEHOLD, NEW JERSEY 07728-1255

TELEPHONE (201) 431-7456

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

OWNER Goodwin
643 Fort Plains Road
Howell, New Jersey 07731

MCHD LOG# 210-90

November 8, 1990

ADDRESS OF INSPECTION 643 Fort Plains Road

BLOCK 135 LOT 14.01

Water Supply Private Well

This is to certify that a review of a water analysis report on 10/29/90 indicated that the well supply met Monmouth County Health Department water standards. An inspection of the visible part of the supply system on 11/07/90 indicates that the water supply is satisfactory for domestic use, and with reasonable maintenance will be unlikely to create a problem.

Sewerage: Septic System

This is to certify that a review of our records and inspection of the above property on 11/07/90 indicates that no immediate or recent problems exist and with reasonable maintenance the sewage disposal system should function in a satisfactory manner.

Very Truly Yours,

LWJ:cp

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

Code Enforcement Officer: Patti Hoover

CLARK COLOR/HKCG TEL No.201-757-3170 Nov 1,90 10:23 No.007 P.01

H.K. Color Group
Warner-Jenkinson Company
155 Helen Street
South Plainfield, NJ 07080
201/769-1122

H.K. COLOR GROUP

WARNER JENKINSON COMPANY

Telex No. 447184
Cable "WARJEN"
Customer and
Technical Service: 800-543-HKCG

FACSIMILE TRANSMISSION

PHONE: (201) 757-3170

TO: Mr. Rick Schandall DATE: November 1, 1990

COMPANY: ERA Action Plus Realty FAX PHONE: 462-3846

CITY: Howell No. of PAGES: 2
(Including cover sheet)

FROM: Mr. Nathaniel Goodwin DIRECT DIAL: 800-543-4524

Please see attached.

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

Date Issued 10/22/2013
Control Number C-19709
Permit Number 20121462
Permit Issue Date 7/13/2012
Certificate Number 20121462

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 643 FORT PLAINS ROAD Howell Township, NJ Block: 135 Lot: 14.01 Qual:

Owner in Fee: DORF, CHRISTOPHER & JACLYN

Owner Address: 643 FORT PLAINS RD HOWELL NJ 07731

Telephone: [redacted]

Contractor ARCTIC AIR CONDITIONING

Address 1 PLEASANT VALLEY RD OLD BRIDGE NJ 08857

Telephone: (732) 251-1111 Fax: (732) 251-1147

License Number or Builders Registration Number: 13VH01741400 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACE EXTERIOR CONDENSING UNIT, REPLACEMENT A/C A-COIL

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/22/2013 U.C.C. F260 (rev. 08/05)

135 - 14.01

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 7-13-12
Control # C-19709
Date Issued
Permit # 20121462

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 Qualification Code

Work Site Location 643 Fort Plains Rd Howell Twp. 07731

643

Owner in Fee: rent

Tel. [redacted] e-mail

Address same
street municipality zip code

Contractor: Arctic Air Conditioning Tel. (732) 251-1111

Address 1 Pleasant Valley Road e-mail

Old Bridge, NJ 08857

Contractor License No. 13VH01741400 Exp. Date 12/31

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

Federal Emp. ID No. [redacted] FAX: (732) 251-1147

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 $ 2270

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required minor wk
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6-8-12
Approved by: Allen Hewitt

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-30-12
Approved by: Allen Hewitt

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			8-30-12	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: M. Bernadonna

Print name here:

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace ac

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other ac	

Administrative Surcharge $	
Minimum Fee $	65
State Permit Surcharge Fee $	4
TOTAL FEE $	69

Condensate to exist
New Condenser w/ A-coil

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-13-12
Control # C-19709
Date Issued
Permit # 2012/1462

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 Qualification Code ______

Work Site Location 643 Fort Plains Rd, Howell, NJ 07731

Owner in Fee: Wolf

Tel. [redacted] e-mail ______

Address Same
street municipality zip code

Contractor: **A. May Electric Inc.** Tel. (**609**) **208-9624**

Address **25 Carrs Tavern Road** e-mail ______

Clarksburg, NJ 08510-1505

Contractor License No. **7381A** Exp. Date 3/31/15

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

Federal Emp. ID No. [redacted] FAX: (**609**) **208-9624**

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ 150.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial Underslab Utilities Approved

Date: ______ Approved by: ______

[ ] Electric Plans Approved

Date: ______ Approved by: ______

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-8-12

Approved by: ______

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 8-30-12

Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-30-12	TD
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in Card Date Issued ______

Final Cut-in-Card Date Issued ______

Annual Pool Inspection ______

Date of Grounding and Bonding Certification ______

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Alan May

Print name here: ALAN MAY

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace AC

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

Administrative Surcharge $ 65
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

To reorder call: ALLEGRA Marketing • Print • Mail (609) 390-1400

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

Date Issued 10/22/2013
Control Number 03908
Permit Number 20072859
Permit Issue Date 11/9/2007
Certificate Number 20072859

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 643 FORT PLAINS ROAD HOWELL, NJ 07731 Block: 135 Lot: 14.01 Qual:

Owner In Fee: GROSS, JOHN & MICHELLE

Owner Address: 643 FORT PLAINS ROAD HOWELL NJ 07731

Telephone: [redacted]

Contractor WALTER A MILLER

Address 189-19TH AVENUE BRICK NJ 08724

Telephone: (732) 458-8530 Fax:

License Number or Builders Registration Number: 34EB01738300 34EI01738300 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: Type V

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIDING

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/22/2013 U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/9/07
Control # 03908
Date Issued
Permit # 20072859

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 Qualification Code
Work Site Location 1643 Fort Plains RD Howell
Owner in Fee: John & Michelle Gross
Tel. [redacted] e-mail
Address 1643 Fort Plains RD 08721
street municipality zip code
Contractor: Walter A Miller Inc Tel. (732) 468-8530
Address 189 19th Ave e-mail
Contractor License No. or Builder Registration No. 13VH00070300 Exp. Date 12/31
Federal Employee No. [redacted] FAX: (732) 840-2040

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
New Siding

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	10/23/07	GB
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/25/10
Approved by: GB

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2/25/10	GB
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-5
Constr. Class Present Proposed V-B
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. Rehabilitation $ 8,000
3. Total (1+ 2) $ 8,000-

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[X] 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)
$
176
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 11
TOTAL FEE $

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

U.C.C. F110
(rev. 05/05)

Reorder from OCS Printing (609) 398-4375

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

Date Issued 8/14/2015
Control Number C-30560
Permit Number 20151108
Permit Issue Date 5/27/2015
Certificate Number 20151108

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 643 FORT PLAINS ROAD Howell Township, NJ 07731 Block: 135 Lot: 14.01 Qual:

Owner In Fee: DORF, CHRISTOPHER & JACLYN

Owner Address: 643 FORT PLAINS RD HOWELL NJ 07731

Telephone: [redacted]

Contractor A.J. PERRI Inc

Address 1162 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 982-8700 Fax:

License Number or Builders Registration Number: 36BI01256600 19HC00103100 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT GAS WATER HEATER

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/14/2015

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

135 - 14.01

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 5-27-15
Control # 30560
Date Issued
Permit # 2015-1108

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 Qualification Code
Work Site Location 643 Fort Plains Road, Howell, NJ 07727

643

Owner in Fee: Dorf
Tel. [redacted] e-mail N/A
Address same as above
street municipality zip code

Contractor: MICHAEL J. PERRI T/A AJ PERRI Tel. (732) 689-6363
Address 9 JOHNSON STREET e-mail
MONMOUTH BEACH, NJ 07750

Contractor License No. 36BI01256600 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: (732) 709-2889

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 $ 2,150.00

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Direct replacement of 50 gal HWH

QTY.	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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	65
State Permit Surcharge Fee	$	4
TOTAL FEE	$	69

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required MINOR WORK
[ ] Partial -Underslab Utilities Approved
Date: 5-14-15 Approved by: JW
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-14-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5-20-15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Saw C.C.			OK	JW
TCO				
Final			5/20/15	

C. CERTIFICATION IN LIEU OF OATH

* CHECK FOR CO_2 O/F

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev. 12/07)
Internet version

AJ 0208 Rev 10 14

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

Date Issued 8/14/2015
Control Number C-30545
Permit Number 20151110
Permit Issue Date 5/27/2015
Certificate Number 20151110

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 643 FORT PLAINS ROAD Howell Township, NJ 07731 Block: 135 Lot: 14.01 Qual:

Owner In Fee: DORF, CHRISTOPHER & JACLYN

Owner Address: 643 FORT PLAINS RD HOWELL NJ 07731

Telephone: [redacted]

Contractor KINGDOM ELECTRICAL

Address 137 PULASKI BLVD TOMS RIVER NJ 08757

Telephone: (908) 361-7626 Fax:

License Number or Builders Registration Number: 34EB01736100 34EI01736100 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TRANSFER PANEL SWITCH 200 AMP PANEL CHANGE

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/14/2015

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 5/27/15
Control # C-30545
Date Issued 2015/110
Permit #

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 Qualification Code

Work Site Location 1043 Fort Plains Rd Howell NJ

Owner in Fee: Chris Dorf

Tel. [redacted] e-mail

Address 1043 Fort Plains Road Howell NJ
(street) (municipality)

Contractor: Kingdom Electric Tel. (732) 987-9140

Address 137 Pulaski Blvd e-mail
Tomsriver, N.J. 08757

Contractor License No. 34EI01736100 Exp. Date 3-31-2018

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

Federal Emp. ID No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: A. Battipaglia.

Print name here: Anthony Battipaglia

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Panel swap + 8 circuit transfer sw.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1	30Amp	Receptacles transfer sw	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1	30Amp	Transfer Switch	
		TOTAL NUMBERS	$ 75
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	200	AMP Service Change Panel	75
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-13-15
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-10-15
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-10-15	
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

Administrative Surcharge $ 150
Minimum Fee $ 0
State Permit Surcharge Fee $ 2
TOTAL FEE $ 152

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder call: (732) 534-3000

92

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

Date Issued 1/5/2017
Control Number C-36598
Permit Number 20162810
Permit Issue Date 10/28/2016
Certificate Number 20162810

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 643 FORT PLAINS ROAD Howell Township, NJ 07731 Block: 135 Lot: 14.01 Qual:

Owner in Fee: DORF, CHRISTOPHER & JACLYN

Owner Address: 643 FORT PLAINS RD HOWELL NJ 07731

Telephone: [redacted]

Contractor DEFENDER SECURITY COMPANY

Address 27 HORSENECK ROAD, SUITE 2 295 US 46 WEST SUITE 207 FAIRFIELD NJ 07004

Telephone: (609) 297-8103 Fax:

License Number or Builders Registration Number: 347BF00021800 34fa00032000 34BA00037000 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: BURGLAR AND SMOKE ALARMS

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/5/2017

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10-25-16
Control # 36598
Date Issued
Permit # 20162810

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 Qualification Code

Work Site Location 643 Fort Plains Rd

Owner in Fee: Jaclyn Dorf

Tel. [redacted] e-mail

Address 643 Fort Plains Rd Howell 07731

Contractor: DEFENDERS, Inc. Tel. (609) 297-8103

Address 27 Horseneck Road, Suite 2 e-mail njpermits@defenderdirect.com

Fairfield, NJ 07004

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 34BF00021800 Exp. Date 01/31/2017

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

Federal Emp. ID No. [redacted] FAX (317) 564-2547

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location

Total Cost of Fire Protection Work $ 229.0

Fuel Storage Tank

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [X] Existing

Location of Panel X

Fire Suppression/Standpipe System

[ ] New OR [ ] Existing

Location of Main Control Valve.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: John D. Sorrell

D. TECHNICAL SITE DATA [ ] Certified Contractor [X] Exempt Applicant

DESCRIPTION OF WORK

Water Supply Source Secondary smoke detector (battery operated)

Method of Alarm/Suppression System Supervision Central Station ADT

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, waterflow)	1#	
Supervisory Devices (i.e. tampers, low/high air)		
Signaling Devices (i.e. horn/strobes, bells)		
Other Devices		
TOTAL	1#	65
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Secondary System Only - Originally Approved Smoke Alarms must Remain Operational -

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by

Joint Plan Review Required.

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/7/16

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] TCO [ ] CA

Date: 12/29/16

Approved by:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/29/16	
Other FINAL				

U.C.C. F140 (rev. 02/11) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 10-28-16
Control #
Date Issued
Permit # 36598 2016-2810

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 Qualification Code

Work Site Location 643 Fort Plains Rd

Owner in Fee: Jaclyn Dorf

Tel. [redacted] e-mail njpermits@defenderdirect.com

Address 643 Fort Plains Rd (street) Howell (municipality) 07731 (zip code)

Contractor Defender Security Company Tel. (609) 297-8103

Address 27 Horseneck Road, Suite 2 e-mail njpermits@defenderdirect.com

Fairfield, NJ 07004

Contractor License No. 34BF00021800 Exp. Date 01/31/2017

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

Federal Emp. ID No. [redacted] FAX: (317) 564-2547

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 249.0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: John R. Sorell

Print name here: John R. Sorell

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Low Voltage Burglar Alarm:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
15.	0		
		TOTAL NUMBERS	$
15.	0		
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-1-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] A
Date: 12-29-16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-29-16	JK
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

Administrative Surcharge $ 7.5
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

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

Date Issued 5/29/2019
Control Number C-45510
Permit Number 20190469
Permit Issue Date 3/11/2019
Certificate Number 20190469

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 643 FORT PLAINS ROAD Howell Township, NJ Block: 135 Lot: 14.01 Qual:

Owner in Fee: DORF, CHRISTOPHER & JACLYN

Owner Address: 643 FORT PLAINS RD HOWELL NJ 07731

Telephone: [redacted]

Contractor MONMOUTH VINYL & FIBERGLASS LLC

Address 4 COOPER DRIVE HOWELL NJ 07731

Telephone: (732) 367-0708 Fax:

License Number or Builders Registration Number: Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DECK - 8' x 12'

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $70.00
Check Number: 619
Collected By: Irene Plantz

Date Printed: 5/29/2019

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/11/19
Control # 45510
Date Issued
Permit # 20190469

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 Qualification Code
Work Site Location 643 Fort Plains Road Howell, N.J. 07731
Owner in Fee: Chris + Jaclyn Dorf
Tel. [redacted] e-mail [redacted]
Address 643 Fort Plains Road Howell, NJ 07731 (street, municipality, zip code)
Contractor: Monmouth Vinyl & Fiberglass Tel. (732) 367-0708
Address PO Box 184 4 Cooper Drive Howell, N.J. e-mail
Contractor License No. or Builder Registration No. 13VH07794000 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
- [ ] No Plans Required
- [✓] All — 3/1/19 — CG
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 3-1-19
Approved by: CG

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 5-22-19
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing			3/11/19	TRC
Footing Bonding				
Foundation				
Slab				
Frame			5/16/19	TRC
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5/16/19	TRC
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
No. of Stories
Height of Structure 6' 5" ft.
Area — Largest Floor 48 sq. ft.
New Bldg. Area/All Floors 48 sq. ft.
Volume of New Structure cu. ft.
Max. Live Load 40
Max. Occupancy Load N/A

Constr. Class Present VB Proposed VB
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 8,000
2. Rehabilitation $
3. Total (1+ 2) $ 8,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Sign here: Jaclyn Dorf
Print name here: Jaclyn Dorf

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove exsisting wood deck and replace structure with Timbertech Terrain composite decking. Please see attached sketches.

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (exceeds 6')
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall ____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [✓] Other Deck
- [ ] Demolition

FEE (Office Use Only)
$ 85
Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 15
TOTAL FEE $

U.C.C. F110 (rev. 11/09)

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

Date Issued 3/17/2020
Control Number C-32575
Permit Number 20152856
Permit Issue Date 11/5/2015
Certificate Number 20152856

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 643 FORT PLAINS ROAD Howell Township, NJ 07731 Block: 135 Lot: 14.01 Qual:

Owner in Fee: DORF, CHRISTOPHER & JACLYN

Owner Address: 643 FORT PLAINS RD HOWELL NJ 07731

Telephone: [redacted]

Contractor A.J. PERRI Inc

Address 1162 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 982-8700 Fax:

License Number or Builders Registration Number: Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: GAS LINE

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/17/2020

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

135 - 14.01

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 11-5-15
Control # 32575
Date Issued
Permit # 2015-285

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 Qualification Code
Work Site Location 643 FORT PLAINS RD. Howell 07727
Owner in Fee: DORF
Tel. [redacted] e-mail
Address Same
street municipality zip code
Contractor: MICHAEL J. PERRI T/A AJ PERRI Tel. (732) 689-6363
Address 9 JOHNSON STREET MONMOUTH BEACH, NJ 07750 e-mail
Contractor License No. [redacted] Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: (732) 709-2889

643

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 $ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 10-27-15 Approved by: JW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-29-15
Approved by: Allen Hoesch

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 3-17-2020
Approved by: Allen Hoesch

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			11-9-15	JW
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			3-16-20	JW

45 - 30 PSI

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
10' GASLINE FROM NEW METER TO PROPANE CONNECTION IN HOUSE

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
1	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	65
State Permit Surcharge Fee	$	1
TOTAL FEE	$	66

A.J. PERRI SM
PLUMBING ■ HEATING ■ COOLING

NJ Plumbing Lic #38BI01256600 • NJ HVACR Lic #19HC00103100

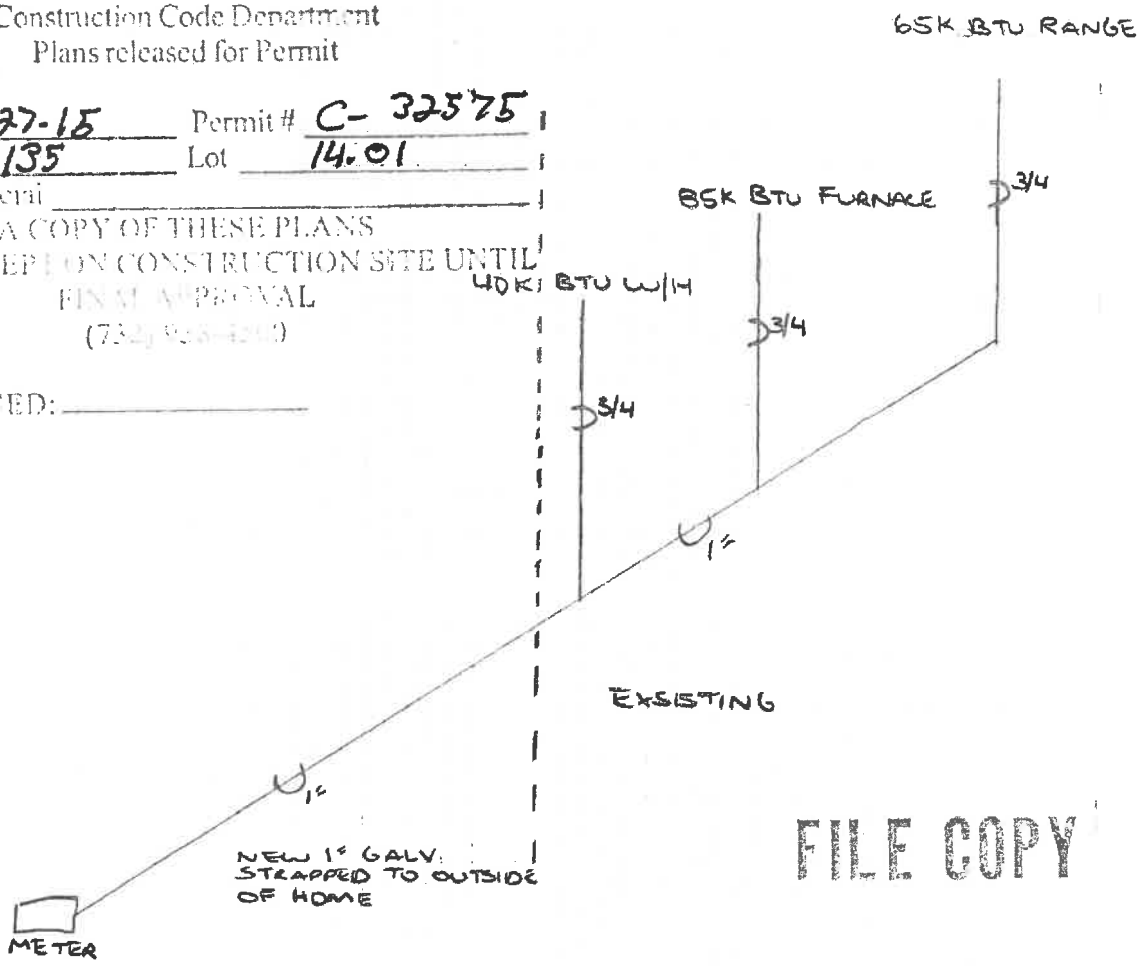
CHRIS DORF
643 FORT PLAINS RD
HOWELL NJ 07727

Township of Howell
Construction Code Department
Plans released for Permit

Date: 10-27-15 Permit # C- 32575
Block: 135 Lot 14.01
Subcode Official: _____

A COPY OF THESE PLANS
MUST BE KEPT ON CONSTRUCTION SITE UNTIL
FINAL APPROVAL
(732) 938-4500

REVISED: _____



FILE COPY

PROPANE TO GAS CONVERSION
ON EXSISTING GAS LINES
LONGEST RUN 45
TOTAL BTU 190K

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

Date Issued 3/17/2020
Control Number C-48942
Permit Number 20200485
Permit Issue Date 3/12/2020
Certificate Number 20200485

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 643 FORT PLAINS ROAD Howell Township, NJ 07731 Block: 135 Lot: 14.01 Qual:

Owner in Fee: DORF, CHRISTOPHER & JACLYN

Owner Address: 643 FORT PLAINS RD HOWELL NJ 07731

Telephone: [redacted]

Contractor DUSTIN'S MECHANICAL LLC

Address 10 OAK LEAF DRIVE NEW EGYPT NJ 08533

Telephone: (609) 488-6353 Fax:

License Number or Builders Registration Number: Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - REMOVE 1000 GALLON PROPANE TANK

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 3/17/2020

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

135-14.01

643

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received 3-12-20
Control # 48942
Date Issued
Permit # 2020-0485

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 Qualification Code
Work Site Location 643 Fort Plains Rd. Howell NJ 07731
Owner in Fee: Chris Dorf
Tel. [redacted] e-mail
Address 643 Fort Plains Rd. Howell NJ 07731
Contractor Dustin's Mechanical LLC Tel. (609) 488-6353
Address 10 Oak Leaf Dr. e-mail dustinmechanical@gmail.
New Egypt NJ 08533
Contractor License No. or Builder Registration No. Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH05798500
Federal Emp. ID No. [redacted] FAX: (609) 286-2456

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 *(circle one)* Proposed: R-3, R-4 or R-5 *(circle one)*

Heating System work: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Type: [ ] Hydronic [ ] Hot Air

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

Estimated Cost of Mechanical Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Mechanical Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Fire.
[ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 3-12-2020
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CA [ ] CCO
Date: 3-17-2020
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
Other FINAL			3-16-20	

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
1000 gallon Propane Tank Removal

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping Connections	
	Gas Piping Connections	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	
	Administrative Surcharge $	85
	Minimum Fee $	
	State Permit Surcharge Fee $	5
	TOTAL FEE $	90

U.C.C. F145 (rev. 12/07)

1 White = OFFICE COPY
2 Canary = APPLICANT COPY
3 Tag = INSPECTOR COPY

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

Date Issued 2/11/2010
Control Number 08815
Permit Number 20090430
Permit Issue Date 3/10/2009
Certificate Number 20090430

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 643 FORT PLAINS ROAD , NJ Block: 135 Lot: 14.01 Qual:

Owner in Fee: GROSS, JOHN & MICHELLE

Owner Address: 643 FORT PLAINS ROAD HOWELL NJ 07731

Telephone:

Contractor KOEHLER HEATING & AC

Address 537 BATH AVENUE LONG BRANCK NJ 07740

Telephone: 7322221736 Fax:

License Number or Builders Registration Number: 13VH00726900 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: Type V

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT FURNACE

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official 2/11/10

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/11/2010 U.C.C. F260 (rev. 08/05)

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3.10.08
Date Issued
Control # 98815
Permit # 20090430

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 Qualification Code

Work Site Location 643 Fort Plains Rd.
Howell, NJ 07731

Owner in Fee: John & Michelle Gross

Tel. ([redacted] e-mail

Address 643 Fort Plains Rd. (street) Howell (municipality) 07731 (zip code)

Contractor: Koehler Heating & AC Tel. (732) 222-1736

Address 537 Bath Ave. e-mail bkool@comcast.net
Long Branch NJ 07740

Contractor License No. 13VH00726900 Exp. Date 12/31/09

Federal Emp. ID No. [redacted] FAX: (732) 222-0612

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Electrical Work $ 300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required		
Joint Plan Review Required:		
[ ] Building [ ] Plumbing		
[ ] Fire [ ] Elevator		
[ ] Elec. Plans Approved		
Date 3/6/09		
Approved by:		

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date. 3-20-09

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/20/09	KK
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

William Koehler
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [✓] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		reconnection of furnace existing circuit	

Administrative Surcharge $	46
Minimum Fee $	1
State Permit Surcharge Fee $	1
TOTAL FEE $	47

1. White-Inspector copy 2. Canary- Applicant copy

3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 07/05)
Professional Printing
(856) 468-7933

135 — 14.01

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-10-09
Date Issued
Control # 08815
Permit # 2000904130

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 Qualification Code

Work Site Location 643 Fort Plains Rd.
Howell, NJ 07731

Owner in Fee John + Michelle Gross

Tel [redacted] e-mail

Address 643 Fort Plains Rd. (street) Howell (municipality) NJ 07731 (zip code)

Contractor: Koehler Heating + AC Tel. (732) 222-1736

Address 537 Bath Ave e-mail bkool@comcast.net
Long Branch NJ 07740

Contractor License No. 13VH00726900 Exp. Date 12/31/09

Federal Emp. ID No. [redacted] FAX: (732) 222-0672

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$ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3/6/09
Approved by: Allen Stoutt

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 3/20/09
Approved by: Allen Stoutt

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment			3/20/09	
Gas Piping			3/20/09	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
FINAL			3/20/09	

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.

William Koehler
Applicant's Signature/Contractor's Seal and Signature

[ ] 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	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Garbage Disposal	
1	Other gas furnace (drain)	

Administrative Surcharge $	
Minimum Fee $	46
State Permit Surcharge Fee $	8
TOTAL FEE $	54

UCC/F-130 (REV. 07/05)
Professional Printing
(856) 468-7933

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-10-06
Date Issued
Control # 08815
Permit # 20090430

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 Qualification Code

Work Site Location 643 Fort Plains Rd.
Howell, NJ 07731

Owner in Fee: John & Michelle Gross

Tel. [redacted] e-mail

Address 643 Fort Plains Rd. Howell NJ 07731
street municipality zip code

Contractor: Koehler Heating & AC Tel. (732) 222-1736

Address 537 Bath Ave., Long Branch e-mail bkool@comcast.net

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Federal Emp. ID No. [redacted] FAX: (732) 222-0672

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [✓] Existing [ ] HVAC

Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location: utility room

Fuel Storage Tank:

Fuel Type. [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 1,500.00

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

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. William Koehler
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: replacement of gas furnace PVC direct vented

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110 Interconnected		
[✓] CO Monitoring	Required	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [✓] Gas or [ ] Oil	1	46
Fireplace Venting/Metal Chimney		
Other		

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Plan Review Required:
[✓] Building [ ] Plumbing
[✓] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 3/15/06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CO [ ] CO
Date: 3/20/06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3/20/06	DW
Other FINAL				

1. White-Inspector copy 2. Canary-Applicant copy
3. Pink-Office copy 4. White Tag- Office copy

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(856) 468-7933

CHIMNEY CERTIFICATION FOR REPLACEMENT OF
FUEL FIRED EQUIPMENT

BLOCK: 135 LOT: 14.1 PERMIT #:

WORKSITE ADDRESS: 643 Fort Plains Rd Howell

CERTIFYING INDIVIDUAL (PRINT NAME)
Name: John Gross
Address
Street: 643 Fort Plains Rd
State: Howell New Jersey

COMPANY
Name: Koehler Heating
City: Long Branch
Zip: 07740
Phone# ( ) 732 222-1736

CHECK THE APPROPRIATE BOX
TYPE OF REPLACEMENT
( ) Oil to Gas Conversion
( ) Gas appliance Replacement
( ) Oil to Oil Replacement
(X) Other (describe): Propain

EXISTING VENT/CHIMNEY:
( ) B label vent
( ) L label vent
( ) Masonry chimney-tile lined
( ) Flexible liner
(X) Other (describe): Direct Venting outside

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

FOR OIL TO GAS CONVERSIONS:
I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature Date

OIL TO OIL OR GAS TO GAS REPLACEMENTS
I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lied and sized for the appliance being installed.

Signature Date

CERTIFICATION NOT SUBMITTED:
I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature Date

DIRECT VENT APPLIANCE:
NO CERTIFICATION REQUIRED:

Signature Date 3/4/09

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.