From: Mary Lynch
To: Christina Johnson; Laura McPeek
Cc: Sharon Keegan
Subject: OPRA REQUEST-PROPERTY -12 ASHLEIGH DRIVE-MC#103
Date: Wednesday, May 11, 2022 4:41:03 PM

Please see below email for the above matter.

Mary L. Lynch
Municipal Clerk/Municipal Registrar
Hazlet Township
1766 Union Avenue
Hazlet NJ 07730
(732)217-8686
(fax) 732-264-1785
xxxxxx@xxxxxxxx.xxx

-----Original Message-----
From: Nici Ten Hoeve <opra+request-31793-3ad43a6e@requests.opramachine.com>
Sent: Wednesday, May 11, 2022 3:02 PM
To: Evelyn Grandi <xxxxxxx@xxxxxxxx.xxx>
Subject: OPRA request - OPRA for permits/survey

Dear Hazlet Township,

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

Records requested: List of open and closed permits. Copy of survey.

12 Ashleigh Dr, Hazlet NJ 07730
Lot 6
Block 239.05

Thanks,

Nici Ten Hoeve

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
xxxxxxxxxxxxxxxxxxxxxxxxxxx@xxxxxxxx.xxxxxxxxxxx.xxx

Is xxxxxxx@xxxxxxxx.xxx the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hazlet_township

https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opra_for_permitssurvey_2

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

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

No OPEN Permits

CLOSED Permits to Follow

BLOCK 239-05 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 12 Ashleigh Dr. PERMIT NO. 07-0807

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 12 Ashleigh Dr.
2. Name of Owner in Fee: James Phillips
   Tel. ([redacted] e-mail
   Address _____ Hazlet Twp
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: _____ Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Ho: NJR Home Services
   Fe: 1415 Wyckoff Rd, Wall NJ 07719
5. Ar: License No. 11263 Exp. Date 6/2007
   Ac: Federal Employee No. 22-3609806
   Te:
6. Re: ROLAND DeMARTINO
   Te: Tel. 732-919-8172 Fax. 732-493-6479

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing		75	
4. Fire Protection		70	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		2	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	147	

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 _____

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☑ Plumbing									
☑ Fire Protection									
☐ Elevator									
TOTAL COSTS	1840								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: SFD
2. Use Group: R-5
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction	1	
After Construction	1	
Net Gain or Loss	0	

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group. Indicate Former:

C. MIXED USE -List secondary use(s):

III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs

U.C.C. F100-1 (rev. 9/06)

CA 9/5/07

LDS HZ-B 10200186

8-30-07 - LM on H.O. VM permit ready & new address. RD

5-22-07 - LM on H.O. VM permit ready. RD

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.ix:

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 James W. Phillips Date 5/14/07

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(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.

Age **NJR Home Services**
Add **1415 Wyckoff Rd, Wall NJ 07719**
License No. 11263 **Exp. Date 6/2007**
Federal Employee No. 22-3609806
Tele **ROLAND DeMARTINO**
Sigr **Tel. 732-919-8172** **Fax. 732-493-6479** Roland DeMartino

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

OFFICE DATE RECEIVED: 5-22-07 lwg mlw

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.				

HAZLET TWP. 732-264-1700
1766 UNION AVENUE
HAZLET,NJ 07730

Date Issued 09/07/07
Control #
Permit # 07-0807

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 239.05 Lot 6 Qual
Work Site Location 12 ASHLEIGH DRIVE

Owner in Fee/Occupant PHILLIPS
Address 12 ASHLEIGH DRIVE
HAZLET, NJ 07730-
Telephone [redacted]
Contractor NJRHOME SERVICES
Address 1415 WYCOKOFF ROAD
WALL, NJ 07719-
Telephone (732)938-7330 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 11263
Federal Emp. No. 22-3609806

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE HOT WATER HEATER

[ ] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[ ] 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 _____, ____.

Construction Official

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

Fee $ 0
Paid [X] Check No. 1264
Collected by: AMB

C 239-05/6

Date Issued

Permit # 07-0807

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

IDENTIFICATION Block 239-05 Lot 6 Qualification Code

Work Site Location Hazlet

12 Ashleigh Phillips

Owner in Fee James

Address

Tel. ([redacted]

Contractor NJR HOME SERVICES

Address 1415 Wyckoff Rd

Wall NJ 07719

Tel. ( ) 938-1155

Lic. No. or Bldrs. Reg. No. 11263

22-3609806

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

Direct Replacement of Gas Hot Water Heater

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 $

Construction Official

5/22/07

Date

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing 75.70

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 2

Cert. of Occupancy

Other

Total 147

Check No. 1264

Cash

Collected by

(see reverse side)

U.C.C. F170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 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 with 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 as follows:

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. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 9/4/07

Date Issued / Permit # 07-0807

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

Block 239-5 Lot 49 Qualification Code _____

Work Site Location 12 Ashleigh Dr Hazlet

Owner in Fee: James Phillips

Tel. ([redacted])

Address [redacted] (street / municipality / zip code)

Contractor: NJR HOME SERVICES Tel. (732) 938-1155

Address 1415 Wyckoff Rd e-mail _____

Wall, NJ 07719

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 _____

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

Federal Emp. ID No. 22-3609806 FAX: (732) 493-6479

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-5 Proposed R-5 Fire Alarm System: [ ] New OR [ ] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

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

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing

[ ] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* _____

Total Cost of Fire Protection Work $ 920

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's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Direct Replacement of Gas Hot Water Heater

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		70
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 9/7/07

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			9/7/07	JS
Other _____				

Reorder From OCS Printing (609) 390-1400

U.C.C. F140 (rev. 10/06)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 9/4/07

Date Issued Permit # 07-0807

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

Block 2315 Lot 12 Qualification Code _____

Work Site Location Harvest Ashleigh Dr

Owner in Fee: James Phillips

Tel. ([redacted])

Address [redacted] (street, municipality, zip code)

Contractor: NJR HOME SERVICES Tel. (_____)

Address 1415 Wyckoff Rd e-mail _____

Wall NJ 07719

Contractor License No. 938-1155 Exp. Date 732 493-6479

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 11263

Federal Emp. ID No. 22-3609806 FAX: (_____)

B. PLUMBING CHARACTERISTICS

Use Group Present R5 Proposed R5

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 920.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 9/7/07

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				
Solar				
TCO				
			9/7	

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.

R. DeMatteo

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	
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 $ _____

State Permit Surcharge Fee $ 75

TOTAL FEE $ _____

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 239-5 LOT 6 PERMIT # 07-0807

WORK SITE ADDRESS 12 Ashleigh Dr

Applicant James Phillips

Certifying Individual Winfred Johnson Company NJR HOME SERVICES

Address 1415 Wyckoff Rd (Street) Wall (City) NJ (State) 07719 (Zip Code)

Tel. [redacted]

Check the Appropriate Box

Type of Replacement:

[ ] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

Existing Vent/Chimney:

[X] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby 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 lined and sized for the appliance being installed.

Winfred Johnson

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

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

Hazlet Township

Permits without a Jacket

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CERTIFICATE

Date Issued Aug. 25, 1995
Control #
Permit # 95-0030

IDENTIFICATION

Block 239.05 Lot 6
Work Site Location 12 ASHLEIGH DRIVE
HAZLET, NJ 07730
Owner in Fee GROUP CONSTRUCTION COMPANY OF HAZLET I, INC.
Address ONE JOCAMA BOULEVARD
OLD BRIDGE, NJ 08857
Tele. ([redacted]
Contractor GROUP CONSTRUCTION COMPANY
Address ONE JOCAMA BOULEVARD
OLD BRIDGE, NJ 08857
Tele. (908) 591-2100
Lic. No. or Bldrs. Reg. No. 024082
Federal Emp. No. 22-3307664
or Social Security No.

Home Warranty No. NJ 037854
Use Group R4
Maximum Live Load 40
Description of Work/Use:

NEW SINGLE FAMILY DWELLING
MODEL C-11 BASEMENT

BUYERS IRENE M. & JAMES W. PHILLIPS

Type of Warranty Plan: [ ] State [X] Private
Construction Classification 5B
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:

Fee $ PREPAID
Paid [ ] Check No. _____
Collected by: _____

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

Model C-II

BLOCK 239.05 LOT 6 ADDRESS (SITE) 12 Ashleigh Drive PERMIT NO. 95-0030 E

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Sterling Meadows 12 Ashleigh Dr.
2. Name of Owner in Fee: Group Construction Company of Hazlet I, Inc. Tel. (908) 591-2100
   Address ~~One Jocama Boulevard, Old Bridge, NJ 08857~~ (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Group Construction Company Tel. (908) 591-2100
   Address One Jocama Boulevard, Old Bridge, NJ 08857
   License No. OR, if new home, Builder Reg. No. 024082 Exp. Date 07/31/96
   Federal Emp. No. 22-3307664 Social Security No. _____
5. Architect or Engineer Menlo Engineering Tel. (908) 846-8585
   Address 261 Cleveland Avenue, Highland Park, NJ 08904
6. Responsible Person in Charge of Work Chris Murphy Tel. (908) 591-2100

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	589.—		
2. Electrical		101.—		
3. Plumbing		250.—		
4. Fire Protection		178.—		
5. Elevator Devices				
6. Subtotal	$	1118.—		
7. Less 20% for State Plan Review		89.5—		
8. Subtotal	$			
9. DCA Training Fee		50—		
10. Subtotal	$			
11. Cert. of Occupancy		46.—		
12. Other				
13. TOTAL	$	991.—		

8-25-95 CO

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 2	
2. Height of Structure 30 ft.	
3. Area—Largest Floor 1021 sq. ft.	
4. New Building Area 1953 sq. ft.	
5. Volume of New Structure 30996 cu. ft.	
6. Construction Classification R-4	
7. Total Land Area Disturbed 5000 sq. ft.	
8. Flood Hazard Zone _____	
9. Base Flood Elevation _____ ft.	
10. Wetlands yes _____ sq. ft. / no X	
11. Max. Live Load _____	
12. 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	62,000.
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

Prototype Processing

See file B1.239.05 Lot 3

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 0
After Construction 1
Net gain or loss 1

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS HZ 10407158

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name Christopher G. Murphy

Address One Jocama Boulevard, Old Bridge, NJ 08857

Telephone (908) 591-2100

Signature _____ Date December 28, 1994

OFFICE DATE RECEIVED: 12/30/94

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ *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	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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.				

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

CERTIFICATE

Date Issued Aug. 25, 1995
Control #
Permit # 95-0030

IDENTIFICATION

Block 239.05 Lot 6
Work Site Location 12 ASHLEIGH DRIVE
HAZLET, NJ 07730
Owner In Fee GROUP CONSTRUCTION COMPANY OF HAZLET I, INC.
Address ONE JOCAMA BOULEVARD
OLD BRIDGE, NJ 08857
Tele. (908) 591-2100
Contractor GROUP CONSTRUCTION COMPANY
Address ONE JOCAMA BOULEVARD
OLD BRIDGE, NJ 08857
Tele. (908) 591-2100
Lic. No. or Bldrs. Reg. No. 024082
Federal Emp. No. 22-3307664
or Social Security No.

Home Warranty No. NJ 037854
Use Group R4
Maximum Live Load 40
Description of Work/Use:

NEW SINGLE FAMILY DWELLING
MODEL C-11 BASEMENT

BUYERS IRENE M. & JAMES W. Phillips

Type of Warranty Plan: [ ] State [X] Private
Construction Classification 5B
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:

Fee $ PREPAID
Paid [ ] Check No. _____
Collected by: _____

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 1-5-95
Control #
Permit # 95-0030

IDENTIFICATION Block 239.05 Lot 6

Work Site Location Sterling Meadows
12 Ashleigh Drive

Owner in Fee Group Construction Co. Of Hazlet I,
Address One Jocama Boulevard
Old Bridge, New Jersey 08857
Tele. (908) 591-2100

Contractor Group Construction Co. of Hazlet I, Inc.
Address One Jocama Boulevard
Old Bridge, New Jersey 08857
Tele. (908) 591-2100
Lic. No. or Bldrs. Reg. No. 024082 Exp. Date 07/31/96
Federal Emp. No. 22-3307664
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

New single family home
Model C-II
Basement

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 $ 62,000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	589.—
Electrical	101.—
Plumbing	250.—
Fire Protection	178.—
~~Elevator Devices~~ SUB TOTAL	1118.—
Other LESS 20%	845
DCA Training Fee	50.—
Cert. of Occ.	46.—
Other	
Total	991.
Check No.	13051
Cash	
Collected By:	

(see reverse side)

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 8-10-95
Control #
Permit #
Date Permit Issued 95-1030

IDENTIFICATION Block 239.05/6 Lot 6
Work Site Location 12 Ashleigh Dr
HAZLET N.J.
Owner in Fee Group Const.
Address Suite 1A, 1 Jocama Blvd.
Old Bridge N.J.
Tele. (908) 591-1024

Contractor SIGMA ELECTRIC
Address 1151 Rt 33
Manalapan N.J.
Tele. (908) 938-6070
Lic. No. or Bldrs. Reg. No. 7017
Federal Emp. No. 22-2095908
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Air Conditioning Line

Estimated Cost of Work $ 100.00

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	
Electrical	7 —
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	7 —
Check No.	1286
Cash	
Collected By:	

U.C.C. Form F-190B

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/10/98
Date Issued
Control #
Permit # 98-0030

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

Block 239.05 Lot 6
Work Site Location 12 Ashleigh DR.
HAZLET N.J.
Owner in Fee GROUP Const.
Address Suite 1A, 1 JOCAMA Blvd.
OLD Bridge N.J.
Tele. (908) 591-1024
Contractor SIGMA ELECTRIC
Address
Tele. (____)
Lic. No. 7017
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-4 Proposed R-4
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 3200

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-20-98
Approved By

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-22	JH

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	___ Kw	A/C Unit	7
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
	_____	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
	_____	Other	

	Administrative Surcharge	$ _____
Paid [ ] Check # _____	Minimum Fee	$ 7.—
	DCA Training Fee	$ _____
Collected by: _____	TOTAL FEE	$ _____

U.C.C. Form F-1208

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

12 Ashleigh

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 1-5-95
Date Issued
Control #
Permit # 95-0030

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

Block 239.05 Lot 6
Work Site Location Sterling Meadows

Owner in Fee Group Construction Company of Hazlet I, Inc.
Address One Jocama Boulevard
Old Bridge, New Jersey 08857
Tele. (908) 591-2100
Contractor SIGMA ELECTRIC INC.
Address 1151 ROUTE 33
FARMINGDALE, NJ 07727
Tele. (908) 938-6070
Lic. No.
Federal Emp. No. 22-2095908 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed R-4
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as 1 family dwelling Utility Co. JCP & L
Est. Cost of Elec. Work $ 3,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. PROTOTYPE Processing
[ ] Fire [ ] Elevator SEE file
[ ] Elec. Plans Approved Bl. 239.05 Lot 3
Date:
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 8-25-95
Approved By:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			7-21	
Temporary				
Constr. Serv.				
TCO				
Other				
Service			7-21	
Final			8-25	

Temp. Cut-in-Card Date Issued 7-26-95
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
19		Fixtures (1)	
52		Receptacles (2)	
28		Switches (3)	
99		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
1	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
1	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
7		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
1	Kw	Central heat:	
		XX gas XXXXX	
	Kw	Baseboard Heat Units	
1		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
1	100 Amp	Service Entrance	
		Other	

	Administrative Surcharge	$
Paid [ ] Check #	Minimum Fee	$
	DCA Training Fee	$
Collected by:	TOTAL FEE	$ 101.

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1-5-95
Date Issued
Control #
Permit # 95-0030

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

Block 239.05 Lot 6
Work Site Location Sterling Meadows
12 Ashleigh Drive
Owner in Fee Group Construction Company of Hazlet I, Inc.
Address One Jocama Boulevard
Old Bridge, New Jersey 08857
Tele. (908) 591-2100
Contractor Group Construction Company of Hazlet I, Inc.
Address One Jocama Boulevard
Old Bridge, New Jersey 08857
Tele. (908) 591-2100
Lic. No. or Bldrs. Reg. No. 024082
Federal Emp. No. 22-3307664 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

New single family home
Model C-II
Basement

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All PROTOTYPE		
[ ] Footing PROCESSING		
[ ] Foundation SEE File		
[ ] Frame		
[ ] Other B/1.239.05 LOT 3		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Constr. Class Present 5-B Proposed 5-B
No. of Stories 2
Height of Structure 30 Ft.
Area—Largest Floor 1021 Sq. Ft.
New Bldg. Area/All Floors 1953 Sq. Ft.
Volume of New Structure 30996 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 62,000.00
2. Alteration $
3. Total (1+2) $ 62,000.00

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

[ ] Demolition

(Office Use Only)
FEE

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$
TOTAL FEE	$ 589

Paid [ ] Check #
Collected by:

U.C.C. Form F-1108

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

12 Ashleigh DR.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 1-5-95
Date Issued
Control #
Permit # 95-0030

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

Block 239.05 Lot 6
Work Site Location Sterling Meadows
12 Ashleigh Drive
Owner in Fee Group Construction Company of Hazlet I, Inc.
Address One Jocama Boulevard
Old Bridge, New Jersey 08857
Tele. (908) 591-2100
Contractor C & R Plumbing
Address 822 Route 9
Lanoka Harbor, New Jersey 08734
Tele. (908) 591-2100
Lic. No. 2893
Federal Emp. No. 512692008 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed R-4
Building Sewer Size 4" 1" Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 6,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. Prototype Processing
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved See file
Date: B.230.D5 Lot 3
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Approved By: EWJ
Date: 8-22-95

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough	6-7-95		6-8-95	EWJ
Water			7-27-95	EWJ
Sewer			7-27-95	EWJ
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Gas Test			6-7-95	EWJ
Final	8-17-95		8-22-95	EWJ

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.

Not Ready

Signature—Contractor/Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 250.

U.C.C. Form F-130B

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

12 Ashleigh

F 6

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1-5-95
Date Issued
Control #
Permit # 95-0030

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

Block 239.05 Lot 6
Work Site Location Sterling Meadows
12 Ashleigh Drive
Owner in Fee Group Construction Company of Hazlet I, Inc.
Address One Jocama Boulevard
Old Bridge, New Jersey 08857
Tele. (908) 591-2100
Contractor Group Construction Company of Hazlet I, Inc.
Address One Jocama Boulevard
Old Bridge, New Jersey 08857
Tele. (908) 591-2100
Lic. No. 024082
Federal Emp. No. 22-3307664 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed R-4
Constr. Class. Present Proposed 5-B
Heating Systems [X] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 500.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. Prototype Plan Review
[ ] Elec. [ ] Elevator See F/10
[ ] Fire Plans Approved
Date: Bl. 239.05
Approved by: Lot 3
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 8-17-95
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source City
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	7	
Heat Detectors		
TOTAL	7	
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas ~~XXXXXXXX~~ Appliance	4	
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 178.-
Collected by: TOTAL FEE $

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

R# R90520

CUT-IN-CARD

MUNICIPALITY Hazlet

LOCATION 12 Ashleigh Dr UTILITY CO JCP&L

Sterling Meadows BLK 239.05 LOT 6

OWNER GRP Const OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 100 A, 1Ø 3W

INSTALLED BY Sigma LICENSE NO 7411

DATE 7-26-95 PERMIT # 950030 INSPECTOR GMartin

☐ CALLED IN / / Lic. No: 6922

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

BLOCK 239.05 LOT 6 ADDRESS (SITE) 12 ASHLEIGH DR. PERMIT NO. 96-0664

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 12 ASHLEIGH DRIVE.
2. Name of Owner in Fee: Phillips. Tel. [redacted]
   Address 12 ASHLEIGH DRIVE (street) HAZLET. (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Joe Kelly Tel. (908) 291-2740
   Address 330 SHORE DRIVE UNIT F14 HIGHLANDS N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. 151-70-7197
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work Joe Kelly Tel. (908) 291-2740

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 51.00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	3.		
10. Subtotal	$		
11. Cert. of ~~Occupancy~~ appvl	20		
12. Other			
13. TOTAL	$ 74.		

CK 2/25/96

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 5-B	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft.	
no X	
11. Max. Live Load 40.	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☑ Minor work (single trade)	3,000
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	3,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
[illegible]	7/31/96	8/31/96		DS.	9/5/96		DS

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 1
After Construction 1
Net gain or loss 0

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100B

LDS HZ-B 10100254

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name Joe Kelly

Address 330 SHORE DR. UNIT F-14

HIGHLANDS NJ. 07732

Telephone (908) 291-2740

Signature _____ Date 7/26/96.

OFFICE DATE RECEIVED: 7/26/96

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ 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.				

HAZLET TWP. 732-264-1700
1766 UNION AVENUE
HAZLET,NJ 07730

Date Issued 02/25/09
Control #
Permit # 96-0664

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 239.05 Lot 6 Qual
Work Site Location 12 ASHLEIGH

Owner in Fee/Occupant PHILLIPS
Address 12 ASHLEIGH DRIVE
HAZLET, NJ 07730-
Telephone (908) 335-1213
Contractor JOE KELLY
Address 330 SHORE DRIVE, UNIT F-14
HIGHLANDS, NJ 07733-
Telephone (908)291-2740 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 191707197
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-3
Maximum Live Load 40
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

20X20 PRESSURE TREATED DECK OFF BACK OFF HOUSE

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

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ____ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ____.

2/25/09
Construction Official

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

Fee $ 20
Paid [X] Check No. 0754
Collected by: AB

CONSTRUCTION PERMIT

Date Issued 8/6/96
Control #
Permit # 96-0664

IDENTIFICATION Block 239.05 Lot 6

Work Site Location 12 Ashleigh Drive
Hazlet, NJ.

Owner in Fee Phillips.
Address 12 Ashleigh Drive
Hazlet NJ.
Tele. (___) [redacted]

Contractor Joe Kelly
Address 330 Sitars Dr. Unit F-14
Highlands NJ 07732
Tele. (908) 291-2740
Lic. No. or Bldrs. Reg. No. ___ Exp. Date ___
Federal Emp. No. ___
or Social Security No. 131-70-7197

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
20X 20 Pressure Treated Deck
off Back off House.

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 $ 3,000

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	51.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	3.
Cert. of ~~Occ.~~ approval	20.
Other	0784
Total	74.00
Check No.	
Cash	
Collected By:	

(see reverse side)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/6/96
Date Issued
Control #
Permit # 96-0664

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

Block 234.05 Lot 4
Work Site Location 12 Ashleigh Drive
Hazlet, NJ. 0
Owner in Fee Phillips.
Address 12 Ashleigh Drive
Hazlet NJ
Tele. [redacted]
Contractor Joe Kelly
Address 330 Shore Drive. Unit F-14
[redacted] NJ 07732
Tele. ([redacted]
Lic. No. or Bidrs. Reg. No. —
Federal Emp. No. — or Social Security No. 521-70-7197

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 Joe Kelly

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

20X20 Pressured Treated Deck off back of House.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other Dunk	8/5	BT
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Constr. Class Present 5-B 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 $ 3000.00
3. Total (1+2) $

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

(Office Use Only)
FEE
$ 51.

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $ 3.
TOTAL FEE $ 54.

U.C.C. Form F-110B

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

-12 Ashleigh K-MART

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/6/96
Date Issued
Control #
Permit # 96-1664

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

Block 239.05 Lot 6
Work Site Location 12 Ashleigh Drive
Hazlet, NJ.
Owner in Fee
Address
Tele.
Contractor
Address
Tele. ([redacted]
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

20X26 PRESSURE TREATED DECK at BACK of HOUSE.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other Deck	5/5	

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/21/
Approved By:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			8/8/96	
Foundation				
Slab				
Frame			2/21/09	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	1/10/98	4/17/04 1/7/06	2/21/09	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other DECK — $ 51.
[ ] Other
[ ] Demolition

(Office Use Only) FEE

B. BUILDING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Constr. Class Present 5-B 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 $ 3000.00
3. Total (1+2) $

Paid [ ] Check #
Collected by:
Administrative Surcharge $
Minimum Fee $
DCA TRAINING FEE $ 3.
TOTAL FEE $ 54.

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

APPROVED BY HAZLET
TOWNSHIP ZONING OFFICER
THIS ___ DAY OF _____ 19___

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

Date 7/25/96 ZONING OFFICER

Application No. X

Permit No. 5840

Application is hereby made for a Zoning Permit in conformity with the requirements the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name PHILLIPS
(If Commercial or Industrial give name of store, company, etc.)

Address 12 ASHLEIGH DR.

Block 234.05 Lot 6 Zone PRD

The above named applicant hereby applies for a Zoning Permit to: 20' X 20' DOOR TO ROOF

Fill in the following items that apply to the property in question.

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 6375 Sq. Ft.	Type 2 STORY FRAME	Total Area ... Sq. Ft.
Frontage 50 Ft. 105	Gross Floor Area 1640 Sq. Ft.	Min. Side Yard .... Ft.
Depth 127 Ft.	Lot Coverage 26 Percent	Min. Rear Yard .... Ft.
	Building Height 25 Ft.(Max.)	

SIGNS: Type X Area permitted X Area requested 1

YARD DIMENSIONS (Not required for signs)

Front 23.7 Ft. Right Side 7.9 Ft. Left Side 7.5 Ft. Rear 20.7 Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner SAME Address ..... Tel. No.....

Lessee ..... Address ..... Tel. No.....

Contractor JOE KELLY Address HAZLET Tel. No 291-2740

Estimated cost of work $ 3,000.00

Signature of Applicant or Agent

Zoning Permit Fee $ 20.00

NOTES:

Gregory F. Maryak - Zoning Officer

BLOCK 239.05 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 12 Ashleigh Dr PERMIT NO. 97-0918

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 12 Ashleigh Dr.
2. Name of Owner in Fee: James Phillips Tel. ([redacted]
   Address 12 Ashleigh Dr. (street) Hazlet (municipality) NJ. (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Charles Lees Tel. (201) 347-5955
   Address 28 Railroad Ave Netcong NJ.
   License No. OR, if new home, Builder Reg. No. 9190 Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$		
2.	Electrical			
3.	Plumbing		33	
4.	Fire Protection		33	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		2	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	68.50	

CA 5/7/04

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☑ Plumbing	3106								
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

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 1

After Construction 1

Net Gain or Loss 0

B. NON-RESIDENTIAL

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

LDS HZ 10407157

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

CONSTRUCTION PERMIT

Date Issued 10/20/97
Control #
Permit # 97-0918

IDENTIFICATION Block 239.05 Lot 6
Work Site Location 12 Ashleigh Dr Hazlet NJ.
Owner in Fee JAMES Phillips
Address 12 Ashleigh Dr. Hazlet, NJ.
Tel. [redacted]

Contractor Charles Lees
Address 28 Railroad Ave Net Cong NJ. 07857
Tel. (201) 347-5925
Lic. No. or Bldrs. Reg. No. 9190
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Replace gas hot Air Sytem with Hot water heat.

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 $ 4300.

Construction Official

10/14/97
Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	33
Fire Protection	33
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occupancy	
Other	
Total	68.
Check No.	7207
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 service, 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.

FIRE SUBCODE TECHNICAL SECTION

Date Received 10/20/97
Date Issued
Control #
Permit # 97-0918

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

Block 239.05 Lot 6
Work Site Location 12 Ashleigh Dr.
Hazlet, N.J.
Owner in Fee JAMES Phillips
Address 12 Ashleigh Dr
Hazlet NJ. 07730
Tele. ([redacted]
Contractor Charles Lees
Address 28 Railroad Ave
Wet Cong N.J. 07857
Tele. (201) 347-5925 Fax ( )
Lic. No. 9190
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Constr. Class Present 5-B Proposed 5-B
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [X] CCO [ ] CA
Date: 5/7/04
Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source
Method of Alarm/Suppression System Supervision

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
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		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances		
Other CONVERT FROM GAS FURNACE TO GAS HOT WATER HEATING		
Administrative Surcharge		$
Minimum Fee		$ 33.-
DCA Training Fee		$
TOTAL FEE		$

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

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

12 ASHLEIGH

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/20/97
Control #
Permit # 97-0918

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

Block 239.05 Lot 6
Work Site Location 12 ASHLEIGH DRIVE
HAZLET, NJ 07730
Owner in Fee JAMES PHILLIPS
Address HAZLET, N.J. 07730
12 ASHLEIGH DRIVE
Tele. [redacted]
Contractor CHARLES LEES
Address 28 RAILROAD AVE
NEPTUNE NJ. 07857
Tele. ~~908-774-1345~~ 201-347-5925
Lic. No. 9190
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present R-4 Proposed R-4
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 3000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: [signature]
Date: 5-7-04

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Final			5-7-04	[initial]

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 33.
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

GAS FURNACE TO GAS HOTWATER HEAT.

U.C.C. Form F-130B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BLOCK 239.05 LOT 6 QUALIFICATION CODE ID# 14382 ADDRESS (SITE) 12 Ashleigh Drive, Hazlet NJ PERMIT NO. E201&-1055

CONSTRUCTION PERMIT APPLICATION

update ID# 18203

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

I. IDENTIFICATION

1. Proposed Work Site at: 12 Ashleigh Drive, Hazlet NJ 07730
2. Name of Owner in Fee: Kantilal Patel
   Tel. [redacted] e-mail
   Address 12 Ashleigh Drive, Hazlet NJ 07730 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: SunnyMac LLC Tel. (302) 777-5494
   Address 413 8th Ave e-mail DaveG@Sunnymacsolar.com
   Wilmington DE 19805
   License No. OR, if new home, Builder Reg. No. 13VH0576110 Exp. Date 03/31/2019
   Home Improvement Contractor Registration No. or Exemption Reason ____
   Federal Emp. ID No. 271024477 FAX: (302) 777-2060
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ____ FAX: ____
6. Responsible Person in Charge once Work has Begun David Gandy
   Tel. (302) 777-5494 FAX: (302) 777-2060

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 147	35	
2. Electrical	225		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	372		
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 37	1	
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 409	36	

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. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

CA 8/21/19 gm

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☒ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	4,905				11/13/18	RH			
☒ Electrical	14,715				11-8-18	RH			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$19,620								

APPROVED

11/13/18 Approved pending revisions

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present:

MIXED USE -List secondary use(s): ____

Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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

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

I further certify that I will perform the following work:
C.3. (X) 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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Matt Macfadden

Address 413 8th Ave

Wilmington, DE, 19805

Telephone (302) 777-5494

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

Permit # e2018-1055
Date Issued 11/26/2018
- or -
Control # 16382
Certificate Issued Date: 08/21/2019

IDENTIFICATION

Block 239.05 Lot 6 Qualification Code

Work Site Location 12 ASHLEIGH DRIVE , HAZLET NJ 07730

Owner in Fee KANTILAL PATEL

Address 12 ASHLEIGH DRIVE , HAZLET NJ 07730

Tel. [redacted]

Contractor SUNNYMAC LLC

Address 413 8TH AVENUE , WILMINGTON DE 19805

Tel. (302) 777-5494 FAX

Lic. No. or Bldrs. Reg. No.

Federal Employer No. 271024477

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group R-5

Maximum Live Load

Construction Classification 5B

Maximum Occupancy Load

Description of Work/Use:
ADDED DISCONNECT, SOLAR

☐ **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 the inspection.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or 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 _____.

CONSTRUCTION OFFICIAL Dennis Pino 8/22/19 DATE

Fee $ 409.00
Paid [✔] Check No. 1546
Collected by: Jennifer O'Keeffe

U.C.C./F260
(rev. 8/05)

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

8/22/2019

732-264-0659

APPLICATION FOR CERTIFICATE

Permit # 2018-1055
Date Issued
- or -
Control #
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 12 Ashleigh Drive Block 239.05 Lot 6 Qualification Code
Hazlet, NJ 07730 Contractor SunnyMac LLC
Owner in Fee Kantilal Patel Address 413 8th Ave, Wilmington, DE 19805
Address 12 Ashleigh Drive Attn: Debbie Fowler
Hazlet, NJ 07730 Tel. (844) 786-6962 Fax: (302) 777-2060
Tel. [redacted] License No. 13VH0576110
Federal Employee No. 271024477

ACTION

X Certificate of Approval

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ Same as Application

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

PLEASE EMAIL CERTIFICATE OF APPROVAL TO DEBBIEF@SUNNYMACSOLAR.COM OR YOU CAN ALSO FAX TO 302-777-2060.
THANK YOU IN ADVANCE.

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

RECEIVED
AUG 22 2020
CONSTRUCTION DEPARTMENT

DESCRIPTION OF WORK/USE:
Roof-Mounted Solar PV

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Debbie Fowler
OWNER/AGENT

☐ OWNER ☒ AGENT

CONSTRUCTION PERMIT

Date Issued 8/8/19

Permit # e2018-1055+A

IDENTIFICATION Block 239.05 Lot 6 ~~Qualification Code~~ ID # 18203

Work Site Location 12 ASHLEIGH DRIVE , HAZLET NJ 07730

Owner in Fee KANTILAL PATEL

Address 12 ASHLEIGH DRIVE , HAZLET NJ 07730

Tel. [redacted]

Contractor SUNNYMAC LLC

Address 413 8TH AVENUE , WILMINGTON DE 19805

Tel. (302) 777-5494

Lic. No. or Bldrs. Reg. No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[✓] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
ADDED DISCONNECT

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 $ 0

Construction Official Dennis Pino

Date 8/8/19

PAYMENTS (Office Use Only)

Building	
Electrical	35.00
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	1.00
Cert. of Occupancy	
Other	
Total	36.00
Check No.	1045
~~Cash~~	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 8/5/19
Control # 182.03
Date Issued 8/8/19
Permit # 2018-1055 +A

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

Block 239.05 Lot 6 Qualification Code

Work Site Location 12 Ashleigh Drive, Hazlet, NJ 07730

Owner in Fee: Kantilal Patel

Tel. [redacted] e-mail

Address 12 Ashleigh Drive, Hazlet, NJ 07730
(street municipality zip code)

Contractor: SunnyMac LLC Tel. (844) 786-6962 Ext. 11

Address 413 8th Ave e-mail DebbieF@Sunnymacsolar.com
Wilmington DE 19805

Contractor License No. 34EB01477200 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason 13VH0576110

Federal Emp. ID No. 271024477 FAX: (302) 777-2060

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 14,715

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: Scott Haines

Print name here: Scott A Haines

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Permit Updated (Added Disconnect)

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	
20	327	W Sunpower Modules (AC)	
		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~~ Inverters	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		~~HP Motors 1/+ HP~~ PV Meter	
		KW Transformer/Generator	
1	60	AMP ~~Service~~ AC Disconnect	35
1	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Monitoring System	

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date Approved by
[X] Electric Plans Approved
Date 8/7/19 Approved by: P
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date 8/7/19
Approved by: P
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date 8/21/19
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/21/19	P
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	$
Minimum Fee	$
State Permit Surcharge Fee	$ 35
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.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/5/19
Control # 18203
Date Issued 8/8/19
Permit # 2018-1055 TA

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

Block 239.05 Lot 6 Qualification Code

Work Site Location 12 Ashleigh Drive, Hazlet, NJ 07730

Owner in Fee: Kantilal Patel

Tel. [redacted] e-mail

Address 12 Ashleigh Drive, Hazlet, NJ 07730
(street municipality zip code)

Contractor: SunnyMac LLC Tel. (844) 786-6962 Ext. 11

Address 413 8th Ave e-mail DebbieF@Sunnymacsolar.com
Wilmington DE 19805

Contractor License No. 34EB01477200 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason 13VH0576110

Federal Emp. ID No. 271024477 FAX: (302) 777-2060

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 14,715

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 8/7/19 Approved by: TP

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8/7/19
Approved by: TP

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

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

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: Scott Haines

Print name here: Scott A Haines

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Permit Updated (Added Disconnect)

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	
20	327	W Sunpower Modules (AC)	
		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~~ Inverters	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		~~HP Motors 1/+ HP~~ PV Meter	
		KW Transformer/Generator	
1	60	AMP ~~Service~~ AC Disconnect	35
1	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Monitoring System	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 35
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.

CONSTRUCTION PERMIT

Date Issued 11/20/18

Permit # E2018-1055

LD# 16382

IDENTIFICATION Block 239.05 Lot 6 Qualification Code

Work Site Location 12 Ashleigh Drive, Hazlet NJ 07730

Owner in Fee Kantilal Patel

Address 12 Ashleigh Drive, Hazlet NJ 07730

Tel. [redacted]

Contractor SunnyMac LLC

Address 413 8th Ave

Wilmington DE 19805

Tel. (302) 777-5494

Lic. No. or Bldrs. Reg. No. 13VH0576110

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT

[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION

[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:

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 $ 19,620

Construction Official

11/20/18
Date

PAYMENTS (Office Use Only)

Building 147

Electrical 225

Plumbing

Fire Protection

Elevator Devices

Other

DCA State Permit Fee 37

Cert. of Occupancy

Other 469

Total

Check No. 1546

~~Cash~~

Collected by

(see reverse side)

U.C.C. P170 (rev. 01/04)

1 WHITE–INSPECTOR 2 CANARY–OFFICE 3 PINK–TAX ASSESSOR 4 GOLD–APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/1/18
Control # 16382
Date Issued 11/24/18
Permit # E2018-1055

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

Block 239.05 Lot 6 Qualification Code

Work Site Location 12 Ashleigh Drive, Hazlet NJ 07730
(street, municipality, zip code)

Owner in Fee: Kantilal Patel

Tel. [redacted] e-mail

Address 12 Ashleigh Drive, Hazlet NJ 07730

Contractor: SunnyMac LLC Tel. (302) 777-5494

Address 413 8th Ave e-mail DaveG@Sunnymacsolar.com

Wilmington DE 19805

Contractor License No. or Builder Registration No. 13VH0576110 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 271024477 FAX: (302) 777-2060

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[X] Exterior	11/6/18	
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:		
Approved by:	11/6/18	
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

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			12-10-19	RH
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ 4,905
2. Rehabilitation $ _____
3. Total (1+ 2) $ 4,905

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

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: Matt Macfadden

Print name here: Matt Macfadden

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof- Mounted Solar (AC Output)

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
- [X] Other Roof Solar
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $ 147

TOTAL FEE $

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/1/18
Control # 14389
Date Issued 11/20/18
Permit # E2018-1055

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

Block 239.05 Lot 6 Qualification Code

Work Site Location 12 Ashleigh Drive, Hazlet NJ 07730

Owner in Fee: Kantilal Patel

Tel. [redacted] e-mail

Address 12 Ashleigh Drive, Hazlet NJ 07730
(street, municipality, zip code)

Contractor: SunnyMac LLC Tel. (302) 777-5494

Address 413 8th Ave e-mail DaveG@Sunnymacsolar.com

Wilmington DE 19805

Contractor License No. or Builder Registration No. 13VH0576110 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 271024477 FAX: (302) 777-2060

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior	11/20/18	
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:		
Approved by:		
SUBCODE APPROVAL for CERTIFICATE		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

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

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ 4,905
2. Rehabilitation $ _____
3. Total (1+ 2) $ 4,905

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: Matt Macfadden

Print name here: Matt Macfadden

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Roof- Mounted Solar (AC Output)

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
- [X] Other Roof Solar
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/1/18
Control # 16382
Date Issued 11/20/18
Permit # E2018-1055

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

Block 239.05 Lot 6 Qualification Code

Work Site Location 12 Ashleigh Drive, Hazlet NJ 07730

Owner in Fee: Kantilal Patel

Tel. [redacted] e-mail

Address 12 Ashleigh Drive, Hazlet NJ 07730 (street, municipality)

Contractor: SunnyMac LLC Tel. (302) 777-5494 (zip code)

Address 413 8th Ave e-mail DaveG@Sunnymacsolar.com

Wilmington DE 19805

Contractor License No. 34EB01477200 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason 13VH0576110

Federal Emp. ID No. 271024477 FAX: (302) 777-2060

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 14,715

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: Scott Haines

Print name here: Scott A Haines

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Roof- Mounted Solar (AC Output)

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	
20	327	W Sunpower Modules (AC)	
		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~~ Inverters	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		~~HP Motors 1/+ HP~~ PV Meter	
		KW Transformer/Generator	
1	60	AMP ~~Service~~ Unfused AC Disconnect	
1	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Monitoring System	

6.54KW

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 225
TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Electric Plans Approved

Date: 11-5-18 Approved by: RM

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 11-5-18

Approved by: Donald Haggerty

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12/4/18

Approved by: Reamer

INSPECTIONS	Dates (Month/Day)			
Type	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12/4/18	TP
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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 11/1/18
Control # 16382
Date Issued 11/21/18
Permit # E2018-1055

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

Block 239.05 Lot 6 Qualification Code

Work Site Location 12 Ashleigh Drive, Hazlet NJ 07730

Owner in Fee: Kantilal Patel

Tel: [redacted] e-mail

Address 12 Ashleigh Drive, Hazlet NJ 07730

Contractor: SunnyMac LLC (street / municipality) Tel. (302) 777-5494 (zip code)

Address 413 8th Ave e-mail DaveG@Sunnymacsolar.com

Wilmington DE 19805

Contractor License No. 34EB01477200 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason 13VH0576110

Federal Emp. ID No. 271024477 FAX: (302) 777-2060

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 14,715

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: Scott Haines

Print name here: Scott A Haines

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Roof- Mounted Solar (AC Output)

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	
20	327	W Sunpower Modules (AC)	
		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~~ Inverters	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		~~HP Motors 1/+ HP~~ PV Meter	
		KW Transformer/Generator	
1	60	AMP ~~Service~~ Unfused AC Disconnect	
1	100	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		Monitoring System	225

6.54 KW

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 25
TOTAL FEE	$ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: 11-5-18 Approved by: RM

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 11-5-18

Approved by: Ronald Mangan

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free	12-10-18			
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

OFFICE DATE RECEIVED: 11/1/18

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	8/22/19
☐ Planning Board							X	X	Copy of CA
☐ Zoning Board			X	X	X	X	X	X	mailed to
☐ Sewer Authority							X	X	M.O. & cont.
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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