BLOCK 176.05 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 8 Danielle Way PERMIT NO. 97-1706

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 8 Danielle Way, Morganville
2. Name of Owner in Fee: Sansols Tel. _____
   Address 8 Danielle Way, Morganville
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Garden Irrigation Tel. (908) 972-9100
   Address 14 Route 9, Morganville, NJ 07751
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 11-2158876 FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work S. Rogers
   Tel. (908) 972-9100 FAX (_____) _____

V. FEE SUMMARY (for office use only)

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

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 _____

Lawn Sprinkler

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work	1000								
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☑ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

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

M9470

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

55-760/31

CONSTRUCTION PERMIT

Date Issued 10/1/97
Control #
Permit # 97-1706

IDENTIFICATION Block 176.05 Lot 8

Work Site Location 8 Danielle Way
Morganville

Owner in Fee Sansolo
Address 8 Danielle Way
Morganville
Tel.

Contractor Garden Irrigation
Address 14 Route 9
Morganville, NJ 07751
Tel. (908) 972-9100
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. 11-2158876

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Lawn Sprinkler

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 $ $1,000.00

Construction Official

10/1/97
Date

PAYMENTS (Office Use Only)

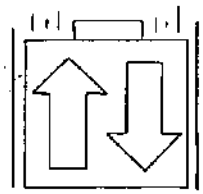
Building
Electrical
Plumbing 45
Fire Protection
Elevator Devices
Other
DCA Training Fee 1
Cert. of Occupancy
Other
Total 846 —
Check No. 55-760/312
Cash
Collected by

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)

ELEVATOR SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location _____
_____
Owner in Fee _____
Address _____
_____
Tele. (____) _____
Contractor/Installer _____
Address _____
_____ Tele. (____) _____
Federal Emp. No. _____ or Social Security No. _____
Maintenance/Service Contractor _____
Address _____
Tele. (____) _____

B. ELEVATOR CHARACTERISTICS:

Building Use Group _____
Manufacture _____
Machine Rm. Location _____
No. of Stops _____ No. of Openings _____
Travel (ft.) _____ Speed (f.p.m.) _____
Type of Control _____ Type of Operation _____
Passenger _____ Freight _____
Capacity (lbs.) _____
Year of Installation/Major Alteration _____
Estimated Cost of Elevator Work $ _____

JOB SUMMARY (Office Use Only)

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

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Temp. Const. ID #	____	____	____	____
Final	____	____	____	____

SUBCODE APPROVAL: CC [ ] TCC [ ]

Date: _____
Approved By: _____

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.

_____ DATE _____
Signature

D. TECHNICAL SITE DATA (For Routine or Periodic Inspections List State Registration Number for All Devices.)

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
____	1 to 10 Floors	_____
____	Over 10 Floors	_____
____	Hydraulic	_____
____	Roped Hydraulic	_____
____	Escalator/Moving Walk	_____
____	Dumbwaiter	_____
____	Stairway Chairlift, Inclined & Vertical Wheelchair Lifts & Man Lifts	_____
____	Oil Buffers	_____
____	Counterweight Governor & Safeties	_____
____	Aux. Power Generator	_____
____	Alterations	_____
____	Other	_____
____	Other	_____

Administrative Surcharge $ _____
Certificate of Compliance $ _____
Paid [ ] Check #_____ DCA Training Fee $ _____
Collected by_____ TOTAL FEE $ _____

U.C.C. Form F-150 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/1/97
Date Issued
Control #
Permit # 97-1706

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

Block 176.05 Lot 8
Work Site Location 8 Danielle Way
Morganville
Owner in Fee Sansolo
Address 8 Danielle Way
Morganville
Tele. ( )
Contractor Lawrence August
Address c/o Garden Irrigation
14 Route 9, Morganville, NJ 07751
Tele. (732) 972-9100 Fax ( )
Lic. No.
Federal Emp. No. 11-2158876

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10-3-97
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Lawrence August
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

Administrative Surcharge	$
Minimum Fee	$ 45
DCA Training Fee	$ 1
TOTAL FEE	$ 46

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 10/1/97
Date Issued
Control #
Permit # 97-1706

176.05 6 — 10.01 — 97-1706

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

Block 176.05 Lot 6

Work Site Location 8 Danielle Way
Morganville

Owner in Fee Sansolo

Address 8 Danielle Way
Morganville

Tele. ( )

Contractor Lawrence August

Address c/o Garden Irrigation
14 Route 9, Morganville, NJ 07751

Tele. (732) 972-9100 Fax ( )

Lic. No.

Federal Emp. No. 11-2158876

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 700.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 10-3-97

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 10-24-97

Approved by:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

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

Administrative Surcharge	$
Minimum Fee	$ 45
DCA Training Fee	$ 1
TOTAL FEE	$ 46

LH 5100

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

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

Garden Irrigation
underground lawn sprinklers
14 Route 9, Morganville, NJ 07751

Phone (201) 972-9100

LETTER

Date 9-30-97

To CONSTRUCTION DEPARTMENT

Subject 8 Danielle Way
Morganville

DEAR SIRS:

PLEASE SEND THE PERMIT TO GARDEN IRRIGATION, 14 ROUTE 9, MORGANVILLE NEW JERSEY 07751

THANK YOU

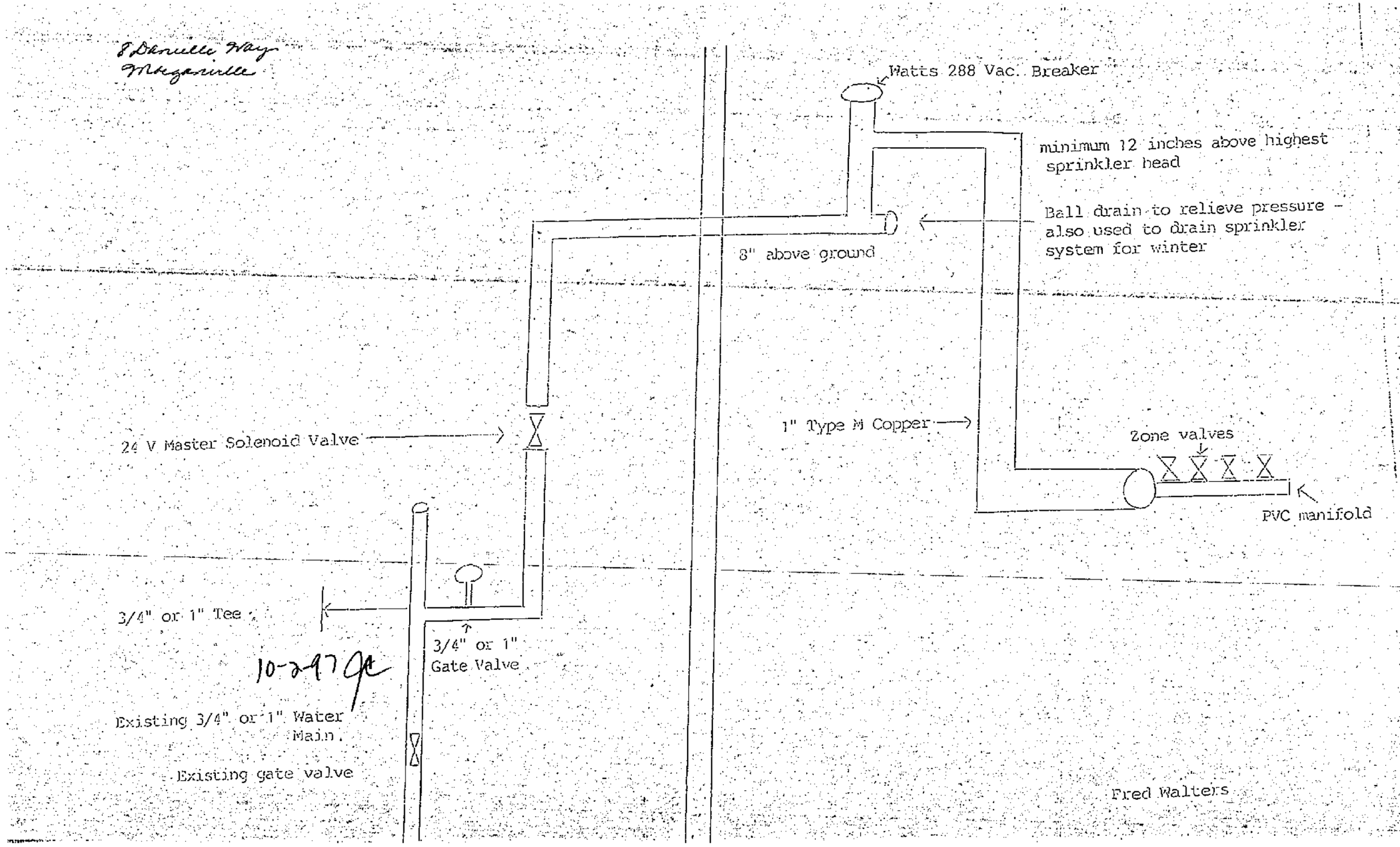
SHELDON ROGERS

SR/mr

SIGNED Sheldon Rogers

☐ Please reply ☐ No reply necessary

8 Danielle Way
Meganville



Fred Walters