Evelyn Grandi 2021-1122-135

From: Kayla Jordan <opra+request-27161-ef8d8192@requests.opramachine.com>
Sent: Monday, November 22, 2021 9:14 AM
To: OPRA requests at Hazlet Township
Subject: OPRA request - Opra Request - 28 Stanford Drive

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: Opra. Open and Closed permits on property.

Yours faithfully,
Kayla Jordan

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-27161-ef8d8192@requests.opramachine.com

Is EGrandi@Hazlettwp.org 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

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/opra_request_1152401

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.

OPEN PERMITS

BLOCK 191 LOT 40 QUALIFICATION CODE 10# 6865 ADDRESS (SITE) 28 STANFORD DRIVE , HAZLET NJ PERMIT NO. 2015-0525

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 28 STANFORD DRIVE , HAZLET NJ 07730
2. Name of Owner in Fee: GEORGE A& ROSA G. LEE
   Tel. [redacted] e-mail
   Address 28 STANFORD DRIVE , HAZLET NJ 07730 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Carrie Highland Tel. 7329198172
   Address 1415 Wyckoff Road , Wall NJ 07719 e-mail CHIGHLAND@NJResources.co
   License No. OR, if new home, Builder Reg. No. 13VH00361500 Exp. Date 03/31/2015
   Home Improvement Contractor Registration No. or Exemption Reason
   Federal Emp. ID No. 22-3609806 FAX:
5. Architect or Engineer Contact
   Address e-mail
   Tel. FAX:
6. Responsible Person in Charge once Work has Begun
   Tel. FAX:

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	95.00		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 97.00		

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 ____

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									
☐ Electrical									
☑ Plumbing	1195								
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1195								

Water Heater

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)* - Use List Link -

1. State Specific Use: Residential
2. Use Group, Proposed: R-5
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:

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

D. Construct. Classification: Present 5B 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. ( ) 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. 5:23-2.15(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.

Agent Name Carrie Highland

Address 1415 Wyckoff Road , Wall NJ 07719

Telephone 7329198172

Signature _____

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

CERTIFICATE

Permit # e2015-0525
Date Issued 07/06/2015
- or -
Control # 6865
Certificate Issued Date: 07/29/2015

IDENTIFICATION

Block 191 Lot 40 Qualification Code _____
Work Site Location 28 STANFORD DRIVE , HAZLET NJ 07730

Owner in Fee GEORGE A& ROSA G. LEE
Address 28 STANFORD DRIVE , HAZLET NJ 07730

Tel. (____) [redacted]
Contractor Carrie Highland
Address 1415 Wyckoff Road , Wall NJ 07719

Tel. (____) 7329198172 FAX (____) _____
Lic. No. or Bldrs. Reg. No. 13VH00361500
Federal Employer No. 22-3609806

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:
Gas water heater - replacement

☐ **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 _____.

Dennis Pino
CONSTRUCTION OFFICIAL

8/6/15
DATE

Fee $ 97.00
Paid [ ] Check No. 35201
Collected by: Jennifer OKeeffe

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

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 191 LOT 40 QUALIFICATION CODE _____ PERMIT # E2015-0525

WORK SITE ADDRESS 28 STANFORD DR

Owner in Fee George Lenz

Verifying Individual Edward Glashan Company NJR Plumbing Services

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

Tel: ([redacted] Fax: (732) 938-3010

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney:

- [X] "B" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster

Size _____

- [ ] Chimney-Interior
- [ ] Chimney-Exterior
- [ ] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	WH	Oil / Gas / Other: GAS	40K
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? [ ] Natural Draft [ ] Fan-assisted [ ] Other: _____

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

_____ _____

Signature Date

Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Edw BS 6/29/15

Signature Date

Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

_____ _____

Signature Date

Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____ _____

Signature Date

FOR MINOR AND EMRGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 07/06/2015

Permit # e2015-0525

IDENTIFICATION Block 191 Lot 40 ~~Qualification Code~~ LIC # 68605

Work Site Location 28 STANFORD DRIVE , HAZLET NJ 07730

Owner in Fee GEORGE A& ROSA G. LEE

Address 28 STANFORD DRIVE , HAZLET NJ 07730

Tel. ( ) [redacted]

Contractor Carrie Highland

Address 1415 Wyckoff Road , Wall NJ 07719

Tel. ( ) 7329198172

Lic. No. or Bldrs. Reg. No. 13VH00361500

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:
Gas water heater - replacement

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 1195

Dennis Pino
Construction Official

Date 7/6/15

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	95.00
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	2.00
Cert. of Occupancy	
Other	
Total	97.00
Check No.	35201
Cash	
Collected by	Jennifer OKeeffe

(see reverse side)

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 06/29/2015
Control # 6865
Date Issued 7/28/15
Permit # P2015-0525

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

Block 191 Lot 40 Qualification Code

Work Site Location 28 STANFORD DRIVE , HAZLET NJ 07730

Owner in Fee: GEORGE A& ROSA G. LEE

Tel. [redacted] e-mail

Address 28 STANFORD DRIVE , HAZLET NJ 07730
street municipality zip code

Contractor: Carrie Highland Tel. 7329198172

Address 1415 Wyckoff Road , Wall NJ 07719 e-mail CHIGHLAND@NJResources.com

Contractor License No. 13VH00361500 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3609806 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1195

JOB SUMMARY (Office Use Only)

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

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
Slab				
Rough				
Water				
Sewer				
Fixtures			7/28/15	
Gas Equipment			7/28/15	
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7/28/15	

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:

Print name here: EDWARD BLASTA

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Gas water heater - replacement

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	95.00
	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	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 95.00

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

Mailed copy to M.O.
Cont. submitted on-line.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 06/29/2015
Control # 6865
Date Issued 7/6/15
Permit # P2015-0505

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

Block 191 Lot 40 Qualification Code

Work Site Location 28 STANFORD DRIVE , HAZLET NJ 07730

Owner in Fee: GEORGE A& ROSA G. LEE

Tel. [redacted] e-mail

Address 28 STANFORD DRIVE , HAZLET NJ 07730
street municipality zip code

Contractor: Carrie Highland Tel. 7329198172

Address 1415 Wyckoff Road , Wall NJ 07719 e-mail CHIGHLAND@NJResources.com

Contractor License No. 13VH00361500 Exp. Date 03/31/2015

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-3609806 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1195

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by: J. Pennella (for)

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
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				
Final				

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: [signature]

Print name here: EDWARD BLASH

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Gas water heater - replacement

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	95.00
	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	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$ 95.00

U.C.C. F130 (rev. 11/09)
Internet version

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

OFFICE DATE RECEIVED: Walk In Rec'd by Mail

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation									
☐ 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.				

CLOSED PERMITS

BLOCK 191 LOT 40 QUALIFICATION CODE _____ ADDRESS (SITE) 28 Stanford PERMIT NO. 04-0296

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 28 Stanford Drive
2. Name of Owner in Fee: Rosa Lee Tel. ( ) _____
   Address 28 Stanford Drive (street) Hazlet (municipality) NJ (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Superior Windows/Doors Tel. (800) 628-7939
   Address 286 Hwy 34 Matawan NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 140-50-9059 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	$	168		
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		4		
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	172		

✓ CA 11/30/04

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	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☒ Alteration	$7000.00								
5. ☐ Fire Protection									
6. ☐ Plumbing									
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: 15
2. Use Group: 999
3. Change in Use Group, Indicate Former:

LDS HZ 10304327

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Superior Windows & Doors

Address 28E Hwy 34

Matawan, NJ 07747

Telephone (800) 628-7938

Signature _____

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

OFFICE DATE RECEIVED: 3/29/04

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 3/29/04
Control #
Permit # 04-0296

IDENTIFICATION Block 191 Lot 40

Work Site Location 28 Stanford Drive Hazlet NJ

Owner In Fee Rosa Lee

Address 28 Stanford Drive Hazlet NJ

Tel. ( ) [illegible]

Contractor Superior Windows & Doors

Address 286 Hwy 34 Hazlet NJ

Tel. (500) 628-7930

Lic. No. or Bldrs. Reg. No. 140-50-9059

Fed. Emp. 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) [X] OTHER _____

DESCRIPTION OF WORK:

siding

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 $ 7000.00

Peter Tchanova
Construction Official

3/29/04
Date

PAYMENTS (Office Use Only)

Building 168
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 4
Cert. of Occupancy
Other
Total 172
Check No. 1883
Cash
Collected by

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

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

(see reverse side)

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

28 Stanford

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/24/04
Date Issued
Control #
Permit # 04-1296

B

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

Block 191 Lot 40
Work Site Location 28 Stanford Drive
Hazlet NJ
Owner in Fee Rosa Lee
Address 28 Stanford Drive
Hazlet NJ
Tele. ( )
Contractor Superior Windows & Doors
Address 250 Hwy 34
Matawan NJ
Tele. (800) 628-7930 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 140-50-9059

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required 3/24/04
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 11/30/04
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11/30/04	
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 7000
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Full Siding

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

FEE (Office Use Only)

Administrative Surcharge	$	1.68
Minimum Fee	$	5
DCA Training Fee	$	
TOTAL FEE	$	177

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/29/04
Date Issued
Control #
Permit # 04-0296

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

Block 191 Lot 48
Work Site Location 28 Stanford Drive Hazlet NJ
Owner in Fee Rosa Lee
Address 28 Stanford Drive Hazlet NJ
Tele. ( )
Contractor Superior Windows & Doors
Address 288 Hwy 34 Matawan NJ
Tele. (800) 628-7930 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 140-50-9059

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date 3/29/04 Initial
[ ] No Plans Required
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

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

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

B. BUILDING CHARACTERISTICS

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Full Siding

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

FEE (Office Use Only)

Administrative Surcharge	$ 168
Minimum Fee	$ 9
DCA Training Fee	$
TOTAL FEE	$ 177

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

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

HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
3400 HIGHWAY 35, SUITE 9
HAZLET, NEW JERSEY 07730
(732) 264-5707

Peter A. Terranova – Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR:

Address 28 Stanford Drive

Type of Work Siding

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.18.

I further understand that failure to call for all required inspections will make me liable for a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23-2.31(b) 1.

Failure to notify this office of the completion of the project will subject you to a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23-2.31 (b) 1.

Signature of owner or other responsible person in charge of work.

286 Hwy 34 Matawan NJ
Address

800-628-7930
Phone

3/29/04
Date

BLOCK 191 LOT 40 QUALIFICATION CODE _____ ADDRESS (SITE) 28 STANFORD PERMIT NO. 04-1207

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 28 Stanford Dr Hazlet NJ 07730
2. Name of Owner in Fee: Mrs. Lee Tel. ([redacted]
   Address 28 Stanford Drive (street) Hazlet (municipality) NJ (zip code) 07730
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Superior Windows & Doors Tel. (800) 628-7930
   Address 286 Hwy 34 Matawan NJ 07747
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 140-50-9059 FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

9-28-04 LMon Contractor ANS mach permit ready (2CKS)

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	120	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$	6	
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	126	

12 ✓ CA 11/30/04

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

OPTIONAL (for office use only)

	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. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use: Single Family
2. Use Group: R-3
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
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:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS HZ 10304326

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Superior Windows & Doors

Address 286 Hwy 34

Matawan NJ 07747

Telephone (800) 628-7930

Signature _____

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

OFFICE DATE RECEIVED: 9-23-04

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

CONSTRUCTION PERMIT

Date Issued 9-29-04

Permit # 04-207

IDENTIFICATION Block 191 Lot 40 Qualification Code

Work Site Location 28 Stanford Dr
Hazlet NJ 07730

Owner in Fee Mrs. Lee

Address 28 Stanford Dr
Hazlet NJ 07730

Tel. [redacted]

Contractor Superior Windows & Doors

Address 286 Hwy 34
Matawan NJ 07747

Tel. (800) 626-7930

Lic. No. or Bldrs. Reg. No. 140-50-9059

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 Roofing

DESCRIPTION OF WORK:
Rip existing roof shingles & replace with new roofing.

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 $ 4500.00

Peter Tersanopa
Construction Official

9-28-04
Date

PAYMENTS (Office Use Only)

Building	120
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	6
Cert. of Occupancy	
Other	
Total	126
Check No.	2072/2073
Cash	
Collected by	MC

12

(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.

28 STANFORD

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 9-21-04
Permit # C4-1207 B

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

Block 141 Lot 40 Qualification Code

Work Site Location 28 Stanford N
Hazlet NJ 07730

Owner in Fee Mrs. Lee
Address 28 Stanford N
Hazlet NJ 07730

Tel. ([redacted])

Contractor Superior Windows & Doors
Address 1257 Hwy 34
Matawan NJ 07747

Tel. (732) 628-7730 FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No 141-52-9059

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

Rip existing roof shingles & replace with new roofing.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	9/21	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/30/04
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/18/04	
Barrier-Free				

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

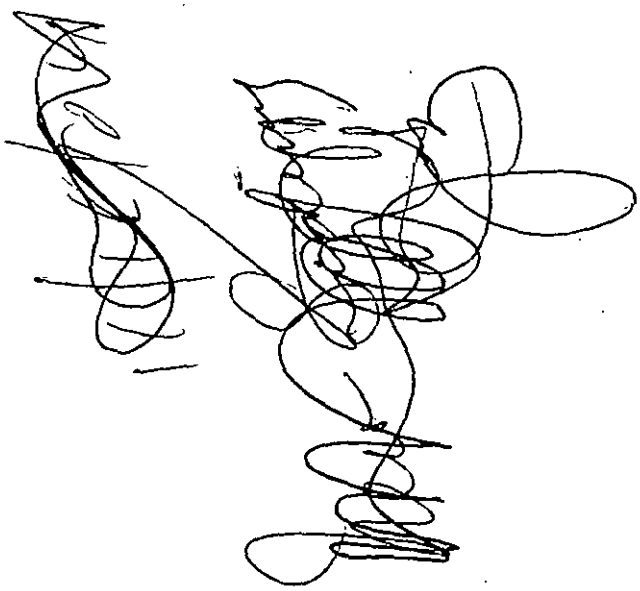
FEE (Office Use Only)

$	
Administrative Surcharge $	120
Minimum Fee $	6
State Permit Surcharge Fee $	
TOTAL FEE $	121

B. BUILDING CHARACTERISTICS

Use Group	Present R3	Proposed R3	
Constr. Class	Present 5B	Proposed 5B	
No. of Stories			
Height of Structure		Ft.	
Area — Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed		Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 4500
3. Total (1+ 2) $



BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9-29-04
Permit # 04-1207 B

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

Block 191 Lot 40 Qualification Code
Work Site Location 28 Stanford Dr
Hazlet NJ 07730
Owner in Fee Mrs. Lee
Address 28 Stanford Dr
Hazlet NJ 07730
Tel. [redacted]
Contractor Superior Windows & Doors
Address 286 Hwy 34
Matawan NJ 07747
Tel. (800) 628-7930 FAX ( )
Contractor License No. or Builder Registration No.
Federal Emp. No 140-50-9059

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

Rip existing roof shingles & replace with new roofing.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[✓] No Plans Required 9/28 bl
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type:	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				

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

FEE (Office Use Only)
$

Administrative Surcharge $ 120
Minimum Fee $ 6
State Permit Surcharge Fee $
TOTAL FEE $ 126

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 4500-
3. Total (1+ 2) $

HAZLET TOWNSHIP
CONSTRUCTION DEPARTMENT
3400 HIGHWAY 35, SUITE 9
HAZLET, NEW JERSEY 07730
(732) 264-5707

Peter A. Terranova – Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR:

Address 28 Stanford Dr Hazlet Nj 07730

Type of Work Roofing

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.18.

I further understand that failure to call for all required inspections will make me liable for a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23-2.31(b) 1.

Failure to notify this office of the completion of the project will subject you to a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23-2.31 (b) 1.

Signature of owner or other responsible person in charge of work.

286 Hwy 34 Matawan NJ 07747
Address

800-628-7930
Phone

Date

PERMIT#_____ DATE_____
PROPERTY OWNER Mrs. Lee
ADDRESS 28 Stanford Drive Hazlet NJ 07730
BLOCK_____ LOT_____
APPLICANT Superior Windows & Doors

NOTICE TO ALL CONSTRUCTION PERMIT APPLICANTS

IN COMPLIANCE WITH THE MONMOUTH COUNTY SOLID WASTE MANAGEMENT PLAN (MAY 1993) AND MUNICIPAL ORDINANCE 1000-95 THE APPLICANT SHALL IDENTIFY TO THE BUILDING DEPARTMENT ALL DISPOSAL AND RECYCLING ARRANGEMENTS BEFORE A CONSTRUCTION OR DEMOLITION PERMIT WILL BE ISSUED. THE APPLICCANT SHALL PROVIDE APPROPRIATE RECORDS DOCUMENTING THE QUANITIY AND DESPOSITION OF ALL MATERIALS. A DEPOSIT OF $_____ SHALL BE HELD BY THE BOROUGH UNTIL SUCH TIME AS PROPER RECORDS ARE SUBMITTED FOR SMALL QUANITIES OF DEBRIS, A HOMEOWNER EXEMPTION MAY APPLY:

THE FOLLOWING MATERIALS ARE RECYCLABLE:
CONCRETE, ASPHALT, BRICK, CINDER BLOCK, STUMPS, TREE PARTS, CLEAN DEMOLITION WOOD, LEAVES, GRASS, APPLIANCES, OIL, BATTERIES AND ALL HOUSEHOLD RECYCLABLES.

Prior to the issuance of a construction permit for any work where there is a presence of materials classified as hazardous by any regulatory government agency, the applicant shall provide the Construction Official with a statement specifying the type and quantity of hazardous materials, the method of disposal and an approval from the Monmouth County Health Department on the method of handling, transporting and disposing.

In the case of underground storage tanks or contaminated soil, the appropriate regulatory procedures shall be followed as a prerequisite to the issuance of a removal permit.

Please complete the reverse side of this form to indicate disposal arrangements.

ANTICIPATED DISPOSAL ARRANGEMENTS (check appropriate lines)

DISPOSAL BY CONTRACTOR Superior HOMEOWNER _____ OTHER _____

NAME OF CONTRACTOR JPM Contracting

CONTAINER (S) DUMPSTER ✓ SIZE 30 yd. HAULER _____

OTHER 5 1/2 Ton

ESTIMATED TONNAGE OR CUBIC YARDAGE OF DEBRIS GENERATED BY PROJECT _____ EST. AMOUNT TO BE RECYCLED _____

MATERIALS TO BE DISPOSED:	DESTINATION:
1. Roofing Material	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Date recycling deposit received: _____

Date recycling records received: _____

Date recycling deposit returned: _____

AN ORDINANCE AMENDING AND SUPPLEMENTING CHAPTER 259 (RECYCLING) OF THE CODE OF THE TOWNSHIP OF HAZLET.

BE IT ORDAINED by the Township Committee of the Township of Hazlet, County of Monmouth, State of New Jersey, that Chapter 259 Section 259-1(D) be and the same is hereby amended and supplemented as follows:

Section 259-1(D) Demolition Materials produced by residential and nonresidential establishments.

1. **The Construction Official of the municipality shall issue construction and demolition permits only after the applicant has identified disposal and recycling arrangements. The applicant shall provide appropriate records documenting the quantity and disposition of all materials.**

2. A deposit of 10% of the construction and demolition permits shall be required upon issuance of permit and held in an interest bearing account until such time as documentation is produced to the satisfaction of the municipality.

3. The municipality shall have the discretion to grant exemptions to small quantity generator engaged in minor home improvements.

4. A Certificate of Occupancy shall not be issued until proper disposal documentation has been submitted.

5. An administrative fee of 20% of the deposit monies shall be retained by the municipality.

Ordinances or parts of Ordinances inconsistent herewith are repealed.

This Ordinance shall take effect immediately upon adoption and publication according to law.