

TOWNSHIP OF MOUNT OLIVE  
204 FLANDERS DRAKESTOWN ROAD  
BUDD LAKE NJ 07828  
973-691-0900

# CERTIFICATE

Date Issued: 03/02/2007

Control #: 13952

Permit #: 20031057

## IDENTIFICATION

Block: 3504 Lot: 1 Qualification Code: \_\_\_\_\_  
Work Site Location: 43 OUTLOOK AVE  
MOUNT OLIVE  
Owner in Fee: THOMPSON, BETTY  
Address: 43 OUTLOOK AVE  
BUDD LAKE NJ 07828  
Telephone: \_\_\_\_\_  
Agent/Contractor: Lenny Lalonde  
Address: 76 Petersburg Rd.  
Independance (Mail Hcktstwn) NJ 07840  
Telephone: \_\_\_\_\_  
Lic. No./ Bldrs. Reg.No.: \_\_\_\_\_ Federal Emp. No.: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

Home Warranty No: \_\_\_\_\_  
Type of Warranty Plan: [ ] State [ ] Private  
Use Group: R-3  
Maximum Live Load: \_\_\_\_\_  
Construction Classification: \_\_\_\_\_  
Maximum Occupancy Load: \_\_\_\_\_  
Certificate Exp Date: \_\_\_\_\_  
Description of Work/Use: \_\_\_\_\_  
Tearoff/Reroof \_\_\_\_\_

Update Desc. of Wk/Use: \_\_\_\_\_

### ☐ CERTIFICATE OF OCCUPANCY

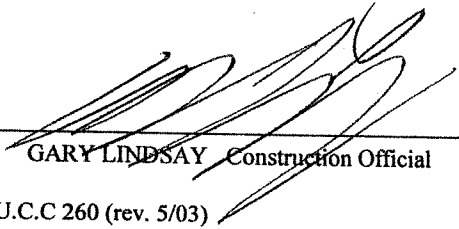
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

### ☒ CERTIFICATE OF APPROVAL

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

### ☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

  
GARY LINDSAY Construction Official

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

### ☐ CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period(\_\_\_\_ years); see file

### ☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

### ☐ CERTIFICATE OF COMPLIANCE

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

Fees: \$0.00

Paid ☒ Check No.: 1383

Collected by: pm



PLUMBING  
SUBCODE  
TECHNICAL SECTION



Date Received \_\_\_\_\_  
Date Issued 11/8/93  
Control # \_\_\_\_\_  
Permit # 12704

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

Block 35.04 Lot 1  
Work Site Location 43 OUTLOOK AVE  
BUDD LAKE NJ 07824  
Owner in Fee RALPH THOMPSON  
Address SAME  
Tele. \_\_\_\_\_  
Contractor BUDD OIL CO.  
Address P.O. BOX 732  
HACKETTSTOWN, NJ 07840  
Tele. ( \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Estimated Cost of Plumbing Work \$ 2920

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW:                                                                                    |  | INSPECTIONS   |         | Dates (Month/Day) |          |         |
|-------------------------------------------------------------------------------------------------|--|---------------|---------|-------------------|----------|---------|
|                                                                                                 |  | Type:         | Failure | Failure           | Approval | Initial |
| <input checked="" type="checkbox"/> No Plans Required                                           |  | Slab          | _____   | _____             | _____    | _____   |
| Joint Plan Review Required:                                                                     |  | Rough         | _____   | _____             | _____    | _____   |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec.                                   |  | Water         | _____   | _____             | _____    | _____   |
| <input type="checkbox"/> Fire <input type="checkbox"/> Elevator                                 |  | Sewer         | _____   | _____             | _____    | _____   |
| <input type="checkbox"/> Plumb. Plans Approved                                                  |  | Fixtures      | _____   | _____             | _____    | _____   |
| Date: <u>11-8-93</u>                                                                            |  | Gas Equipment | _____   | _____             | _____    | _____   |
| Approved by: <u>NR</u>                                                                          |  | Gas Piping    | _____   | _____             | _____    | _____   |
|                                                                                                 |  | Solar         | _____   | _____             | _____    | _____   |
| SUBCODE APPROVAL:                                                                               |  | TCO           | _____   | _____             | _____    | _____   |
| <input checked="" type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |  | Steam boiler  | _____   | _____             | _____    | _____   |
| Approved by: <u>NR</u>                                                                          |  | W.C. trap     | _____   | _____             | _____    | _____   |
| Date: <u>11-29-93</u>                                                                           |  |               | _____   | _____             | _____    | _____   |

**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

William Hadden

☒ 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               | _____                 |
| <u>1</u> | Steam Boiler             | _____                 |
| _____    | Hot Water Boiler         | _____                 |
| _____    | Sewer Pump               | _____                 |
| _____    | Interceptor/Separator    | _____                 |
| <u>1</u> | Backflow Preventer       | _____                 |
| _____    | Greasetrap               | _____                 |
| _____    | Water Cooled A/C         | _____                 |
| _____    | or Refrigeration Unit    | _____                 |
| _____    | Sewer Connection         | _____                 |
| _____    | Water Service Connection | _____                 |
| _____    | Active Solar System      | _____                 |
| <u>1</u> | Other <u>W.C. trap</u>   | _____                 |

Administrative Surcharge \$ \_\_\_\_\_  
Paid ☐ Check # \_\_\_\_\_ Minimum Fee \$ 130  
DCA Training Fee \$ \_\_\_\_\_  
Collected by: \_\_\_\_\_ TOTAL \$ \_\_\_\_\_



FIRE PROTECTION  
SUBCODE  
TECHNICAL SECTION



Date Received  
Date Issued 11/8/93  
Control #  
Permit # 12704

61  
A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 3504 Lot 1  
Work Site Location 43 OUTLOOK AVE  
BUDD LAKE NJ 07825  
Owner in Fee RALPH THOMPSON  
Address SAME  
Tele. \_\_\_\_\_  
Contractor BUDD OIL CO.  
Address P.O. BOX 732  
HACKETTSTOWN, NJ 07840  
Tele. \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Constr. Class. Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Heating Systems [ ☒ New [ ] Existing replacement  
Type: [ ] Gas [ ☒ Oil [ ] Electrical [ ] Solar  
[ ] Other \_\_\_\_\_  
Location: \_\_\_\_\_  
Total Est. Cost of Fire Prot. Work \$ 75<sup>00</sup> [ ] Other \_\_\_\_\_

JOB SUMMARY (Office Use Only)

|                                                           |                                |                                  |
|-----------------------------------------------------------|--------------------------------|----------------------------------|
| PLAN REVIEW:                                              | INSPECTIONS:                   | Dates (Month/Day)                |
| [ <input checked="" type="checkbox"/> ] No Plans Required | Type:                          | Failure Failure Approval Initial |
| Joint Plan Review Required:                               |                                |                                  |
| [ ] Bldg. [ ] Plumb. [ ] Elec.                            | Suppression Test               | _____                            |
| [ ] Fire Plans Approved                                   | Fire Alarm Test                | _____                            |
| Date: <u>11/8/93</u>                                      | Smoke Test                     | _____                            |
| Approved by: <u>[Signature]</u>                           | Mechanical                     | _____                            |
| SUBCODE APPROVAL:                                         | TCO                            | _____                            |
| [ ] CO [ ] CCO [ <input checked="" type="checkbox"/> ] CA | Other <u>S/Permit 11/23/93</u> | <u>11/29/93</u> <u>P.O.</u>      |
| Date: <u>11/29/93</u>                                     | Other                          | _____                            |
| Approved by: <u>[Signature]</u>                           | Other                          | _____                            |

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source \_\_\_\_\_  
Method of Valve Supervision \_\_\_\_\_  
Local Alarm Supervision \_\_\_\_\_  
Central Supervision \_\_\_\_\_  
Proprietary Supervision \_\_\_\_\_

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

|                                                         | Number | FEE (Office Use Only) |
|---------------------------------------------------------|--------|-----------------------|
| Wet Sprinkler Heads                                     | _____  |                       |
| Dry Sprinkler Heads                                     | _____  |                       |
| TOTAL                                                   | _____  |                       |
| Smoke Detectors                                         | _____  |                       |
| Heat Detectors                                          | _____  |                       |
| TOTAL                                                   | _____  |                       |
| Stand Pipes                                             | _____  |                       |
| Kitchen Hood Exhaust Systems                            | _____  |                       |
| Pre-Engineered Systems                                  |        |                       |
| CO <sub>2</sub> Suppression                             | _____  |                       |
| Halon Suppression                                       | _____  |                       |
| Foam Suppression                                        | _____  |                       |
| Dry Chemical                                            | _____  |                       |
| Wet Chemical                                            | _____  |                       |
| Gas or <input checked="" type="radio"/> Fired Appliance | _____  |                       |
| OTHER <u>Bodies</u>                                     | _____  |                       |

Administrative Surcharge \$ \_\_\_\_\_  
Paid [ ] Check # \_\_\_\_\_ Minimum Fee \$ 25.00  
Collected by \_\_\_\_\_ TOTAL FEE \$ 25.00



**PLUMBING  
SUBCODE  
TECHNICAL SECTION**



Date Received \_\_\_\_\_  
Date Issued 1/14/97  
Control # \_\_\_\_\_  
Permit # 17554-7310

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING•**

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 3504 Lot 1  
Work Site Location 43 Outlook Ave.  
Bird Lake, MS 39028  
Owner in Fee Ralph Thompson  
Address 43 Outlook Avenue  
Bird Lake, MS 39028  
Tele. \_\_\_\_\_  
Contractor Tom Valiente and Son, Inc.  
Address PO Box 1571  
Laurens MS 39050  
Tele. \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

**B. PLUMBING CHARACTERISTICS**

Use Group Present 1-2 Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer ✓ Private Septic \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well \_\_\_\_\_  
Estimated Cost of Plumbing Work \$ 100

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW:                |  | INSPECTIONS   |         | Dates (Month/Day) |          |
|-----------------------------|--|---------------|---------|-------------------|----------|
| [ ] No Plans Required       |  | Type:         | Failure | Failure           | Approval |
| Joint Plan Review Required: |  | Slab          | _____   | _____             | _____    |
| [ ] Bldg. [ ] Elec.         |  | Rough         | _____   | _____             | _____    |
| [ ] Fire [ ] Elevator       |  | Water         | _____   | _____             | _____    |
| [ ] Plumb. Plans Approved   |  | Sewer         | _____   | _____             | _____    |
| Date: _____                 |  | Fixtures      | _____   | _____             | _____    |
| Approved by: _____          |  | Gas Equipment | _____   | _____             | _____    |
|                             |  | Gas Piping    | _____   | _____             | _____    |
|                             |  | Solar         | _____   | _____             | _____    |
|                             |  | TCO           | _____   | _____             | _____    |

SUBCODE APPROVAL:  
[ ] CO [ ] CCO [ ] CA  
Approved By: RA  
Date: 1/14/97

**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 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                | _____                 |
| _____ | Hot Water Boiler            | _____                 |
| _____ | Sewer Pump                  | _____                 |
| _____ | Interceptor/Separator       | _____                 |
| _____ | Backflow Preventer          | _____                 |
| _____ | Greasetrapp                 | _____                 |
| _____ | Water Cooled A/C            | _____                 |
| _____ | or Refrigeration Unit       | _____                 |
| _____ | Sewer Connection            | _____                 |
| _____ | Water Service Connection    | _____                 |
| _____ | Active Solar System         | _____                 |
| _____ | Other <u>Septic Closure</u> | _____                 |

Administrative Surcharge \$ \_\_\_\_\_  
Paid ✓ Check # 530 Minimum Fee \$ 10.00  
DCA Training Fee \$ 1.00  
Collected by: \_\_\_\_\_ TOTAL \$ 11.00

# TOWNSHIP OF MOUNT OLIVE

## Planning/Zoning/Code Enforcement

### ZONING PERMIT #15-059

#### A. APPLICANT

Name: Kathleen Ball  
Address: 43 Outlook Avenue  
Budd Lake, NJ 07828  
Phone:

Relationship to Owner: Daughter

#### B. OWNER

Name: Betty Thompson  
Address: 43 Outlook Avenue  
Budd Lake, NJ 07828  
Phone:

Block: 3504 Lot: 1  
Zoning: R-4

#### C. FINDINGS:

This is to certify that the above described premises together with any building thereon, are used or proposed to be used as or for: Install a shed measuring 8 feet by 10 feet with a height of 7 feet on property known as 43 Outlook Avenue, also known as Block 3504, Lot 1. The location of the shed is depicted on the attached survey prepared by Thomas Yeager, dated September 10, 2004. Building coverage equals 11 percent and lot coverage equals 15 percent. The adopted standards are 20 percent and 30 percent respectively.

PURSUANT TO SECTION 400-100.1 OF THE TOWNSHIP'S LAND USE ORDINANCE THE SHED WILL CONFORM TO THE BULK STANDARDS OF THE B ZONE WHICH WAS IN PLACE AT THE TIME OF SUBDIVISION APPROVAL.

(X) Use permitted by ordinance.

(X) Proposed structure will not encroach upon required setbacks, height requirement, or exceed maximum allowable building coverage.

#### D. CONDITIONS AND/OR COMMENTS

APPLICANT SHALL OBTAIN ALL NECESSARY APPROVALS FROM THE HEALTH DEPARTMENT AND CONSTRUCTION OFFICIAL.

SHED TO BE PLACED 5' FROM THE SIDE AND REAR LOT LINES AND A MINIMUM OF 35' FROM THE FRONT LOT LINE

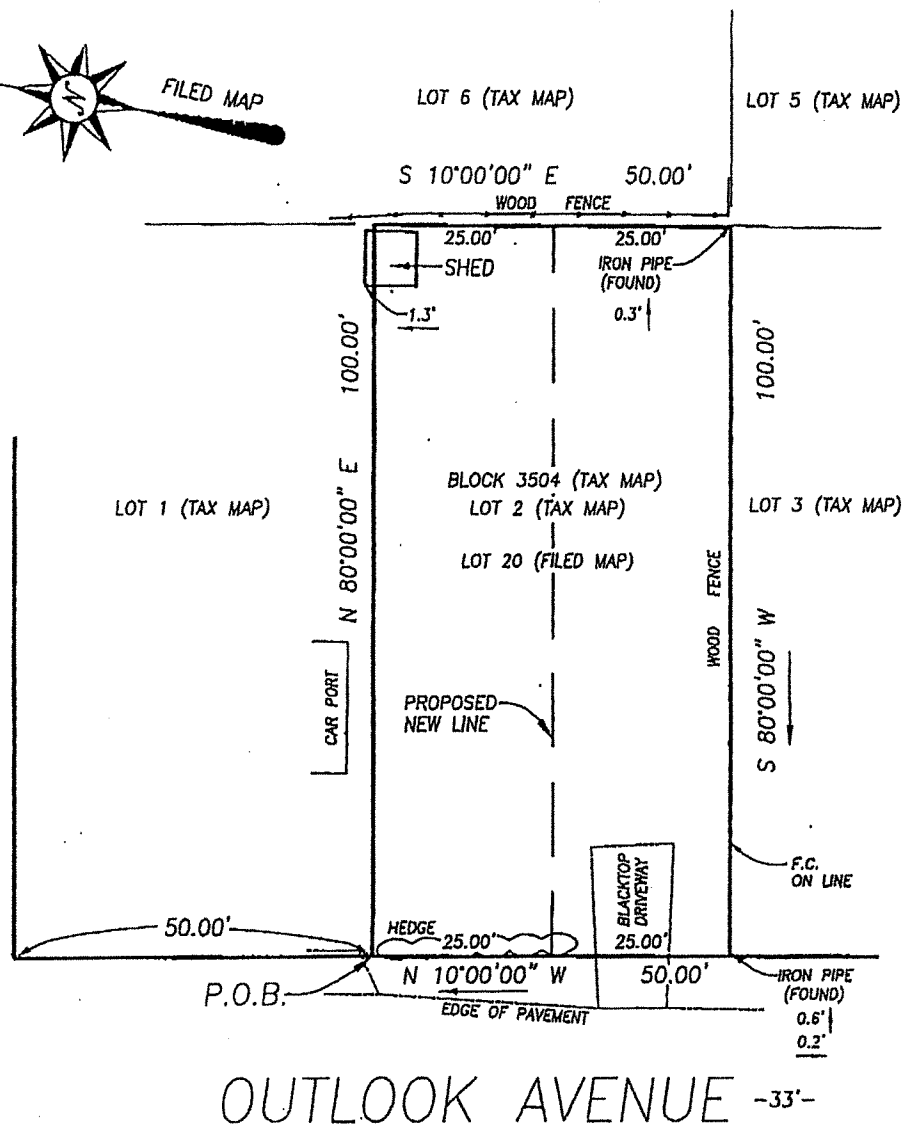
---

**PLEASE NOTE:** This permit certifies compliance with the Township Zoning Ordinance and/or Subdivision Ordinance. It does not exempt bearer of responsibility to secure a Certificate of Occupancy, Building Permit, Board of Health approvals, or other permits by municipal, county, state or federal agencies.

**Time Limit:** This Zoning permit is subject to revisions to applicable development ordinances. This permit is valid for one year from the date of the approved signature.



MIDLAND AVENUE



#### NOTES

LOT AREA: 5,000 SQ. FT.

A WRITTEN "WAIVER AND DIRECTION NOT TO SET CORNER MARKERS" HAS BEEN OBTAINED FROM THE ULTIMATE USER PURSUANT TO N.J.A.C. 13:40-5.1(d).

#### SURVEY OF PROPERTY

SITUATE IN: TOWNSHIP OF MOUNT OLIVE, MORRIS COUNTY, NEW JERSEY

REFERENCE: MAP ENTITLED "MAP OF SECTION A IN PINECREST MANOR PROPERTY OF PINECREST REALTY CO. AT BUDD LAKE, N.J." SURVEYED JUNE 28, 1910 AND FILED IN THE MORRIS COUNTY CLERK'S OFFICE ON JULY 6, 1910 AS MAP NO. 372.

SUBJECT TO MUNICIPAL RESTRICTIONS, EASEMENTS OF RECORD AND OTHER FACTS WHICH A TITLE SEARCH MIGHT DISCLOSE, CERTIFIED TO BE IN ACCORDANCE WITH ALL PERTINENT NEW JERSEY LAWS AND REGULATIONS AND WITH CURRENT ACCURACY STANDARDS TO:

ANGELA S. PRESCO, MARRIED

TITLE LINES

OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

LAWRENCE J. FOX, ESQUIRE

*Thomas C. Yeager*  
Thomas C. Yeager

N.J. Professional Land Surveyor #32656  
N.J. Professional Planner #04089

Thomas C. Yeager & Associates  
Professional Land Surveyor & Planner

63 Columbia Street

Wharton, New Jersey 07885

Phone No. 973-361-5331 Fax No. 973-361-5341

DATE SEPTEMBER 10, 2004

DRAWN BY PD

SCALE 1"=20'

JOB NO 6176

TITLE NO.