Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	9/21/2010
Control Number	23791
Permit Number	20090865
Permit Issue Date	8/13/2009
Certificate Number	20090865

Identification

Work Site Location: 8 POCAHONTAS PL MOUNT OLIVE, NJ Block: 8800 Lot: 63 Qual:
Owner in Fee: GALLAGHER, RICHARD
Owner Address: 8 POCAHONTAS PL HACKETTSTOWN NJ 07840
Telephone:
Contractor
Address
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work/Use: - Tearoff/Reroof

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 7/10/2023

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

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	1/25/2005
Control Number	15447
Permit Number	20040852
Permit Issue Date	7/23/2004
Certificate Number	20040852

Identification

Work Site Location: 8 POCAHONTAS PL MOUNT OLIVE, NJ Block: 8800 Lot: 63 Qual:

Owner in Fee: GALLAGHER

Owner Address: 8 POCAHONTAS PL HACKETTSTOWN NJ 07840

Telephone:

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - Deck - 547 sq. ft. attached to existing deck

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 7/10/2023

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

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	6/3/2013
Control Number	28981
Permit Number	20120950
Permit Issue Date	9/17/2012
Certificate Number	20120950

Identification

Work Site Location: 8 POCAHONTAS PL MOUNT OLIVE, NJ Block: 8800 Lot: 63 Qual:
Owner in Fee: GALLAGHER, RICHARD
Owner Address: 8 POCAHONTAS PL HACKETTSTOWN NJ 07840
Telephone:
Contractor
Address
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - HOT WATER HEATER/GAS REPLACEMENT

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

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

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 7/10/2023

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

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	8/11/2011
Control Number	26833
Permit Number	20110653
Permit Issue Date	7/28/2011
Certificate Number	20110653

Identification

Work Site Location: 8 POCAHONTAS PL MOUNT OLIVE, NJ Block: 8800 Lot: 63 Qual:
Owner in Fee: GALLAGHER, RICHARD
Owner Address: 8 POCAHONTAS PL HACKETTSTOWN NJ 07840
Telephone:
Contractor
Address
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - AIR CONDITIONING/REPLACEMENT

Certificate Comments:

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

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

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

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

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 7/10/2023

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

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	1/25/2005
Control Number	14375
Permit Number	20040150
Permit Issue Date	2/2/2004
Certificate Number	20040150

Identification

Work Site Location: 8 POCAHONTAS PL MOUNT OLIVE, NJ Block: 8800 Lot: 63 Qual:
Owner in Fee: GALLAGHER
Owner Address: 8 POCAHONTAS PL HACKETTSTOWN NJ 07840
Telephone:
Contractor
Address
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - Alterations-KITCHEN RENOVATION

Certificate Comments:

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

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

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

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

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 7/10/2023

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

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued	1/25/2005
Control Number	11721
Permit Number	23904
Permit Issue Date	7/29/2002
Certificate Number	23904

Identification

Work Site Location: 8 POCAHONTAS PL MOUNT OLIVE, NJ Block: 8800 Lot: 63 Qual:

Owner in Fee: Holowchuck, Allan

Owner Address: 8 POCAHONTAS PL HACKETTSTOWN NJ 07840

Telephone:

Contractor

Address

Telephone: Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - HOT WATER HEATER

Certificate Comments:

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

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

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

☐ **Temporary Certificate of Compliance**
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This certificate has an expiration date of:
Conditions to be met:

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

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

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

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

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

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

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 7/10/2023

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

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division
(Certificate of Approval)

Date Issued
Control Number 14767
Permit Number 20040150+B
Permit Issue Date 3/24/2004
Certificate Number 20040150

Identification

Work Site Location: 8 POCAHONTAS PL MOUNT OLIVE, NJ Block: 8800 Lot: 63 Qual:
Owner in Fee: GALLAGHER
Owner Address: 8 POCAHONTAS PL HACKETTSTOWN NJ 07840
Telephone:
Contractor
Address
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - Update to alterations for windows & door/demo bay window

Certificate Comments:

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

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

☐ **Certificate of Continued Occupancy**
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or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
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☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

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

Fee: $0.00
Check Number:
Collected By:

Construction Official
Date Printed: 7/10/2023

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

Mount Olive Township
204 Flanders Drakestown Rd.
PO Box 450
Budd Lake, NJ 07828

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued
Control Number 14648
Permit Number 20040150+A
Permit Issue Date 3/11/2004
Certificate Number 20040150

Identification

Work Site Location: 8 POCAHONTAS PL MOUNT OLIVE, NJ Block: 8800 Lot: 63 Qual:
Owner in Fee: GALLAGHER
Owner Address: 8 POCAHONTAS PL HACKETTSTOWN NJ 07840
Telephone:
Contractor
Address
Telephone: Fax: Federal Emp. Number:
License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification:
Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: - Update to alterations/ 90 amp subpanel

Certificate Comments:

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

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

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This certificate has an expiration date of:
Conditions to be met:

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.
☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

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

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

Fee: $0.00
Check Number:
Collected By:

Construction Official

Date Printed: 7/10/2023

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

8800 | 63

TOWNSHIP OF MOUNT OLIVE
DEPARTMENT OF HEALTH

PERMIT

FOR THE CLEANING OR EMPTYING OF VESSELS USED FOR THE RECEPTION AND STORAGE OF HUMAN EXCREMENT OR OTHER PUTRESCIBLE, HAZARDOUS OR INDUSTRIAL MATTER.

Location Of Pumping: Holowchuk
Owner's Name
8 Pocohontas Pl Mt Olive
Street Address

Pumping Contractor: All County — 800 428 8616
Name of Firm — *Telephone*

Date Of Pumping: 4/22/03

Receptacle Pumped:	Size in Gallons	Actual Gallons Pumped
Septic Tank 1	1000	1000
Septic Tank 2		
Cesspool		
Seepage Pit 1		
Seepage Pit 2		
Others		

Any Treatment Provided NO

Location Of Tanks:
- ✓ Front Yard
- ___ Rear Yard
- ___ Side Yard

Liquid Level in tank is above ___ **outlet invert**
below ___ **outlet invert**
at ✓ **outlet invert**

Type of Tank:
- ___ Metal
- ✓ Precast Concrete
- ___ Cinder Block
- ___ Other

Condition of Tank(s): Acceptable ✓
Problem with Lid ___
Problem WithBaffle ___
Other Problems ___

Disposal Area Design:
- ___ Seepage Pits
- ___ Bed
- ___ Trenches
- ✓ Unknown
- ___ Other

Condition of Disposal Area: Satisfactory ___
Unsatisfactory ___

Comments:

Reason for Pumpout:
- ___ Routine Maintenance
- ___ Surfacing on Ground
- ___ Plumbing Backup
- ✓ Other (explain) House Sale

Disposal Site of Pumped Material: All County 99 Maple Grange Rd Verona
Company's Name/Address

Signature of Pumper

B. Mulk
Name(Print)

Original-Health Dept. Duplicate-Homeowner Triplicate-Pumper

8800/63

TOWNSHIP OF MOUNT OLIVE
DEPARTMENT OF HEALTH

PERMIT

FOR THE CLEANING OR EMPTYING OF VESSELS USED FOR THE RECEPTION AND STORAGE OF HUMAN EXCREMENT OR OTHER PUTRESCIBLE, HAZARDOUS OR INDUSTRIAL MATTER.

Location Of Pumping: Holowchyk
Owner's Name
8 Rockaway Pl.
Street Address

Pumping Contractor: All County — 2646100
Name of Firm — *Telephone*

Date Of Pumping: 11/4/98

Receptacle Pumped:	Size in Gallons	Actual Gallons Pumped
Septic Tank 1	1000	1000
Septic Tank 2		
Cesspool		
Seepage Pit 1		
Seepage Pit 2		
Others		

Any Treatment Provided NO

Location Of Tanks:
- ✓ **Front Yard**
- ___ **Rear Yard**
- ___ **Side Yard**

Liquid Level in tank is above ___ **outlet invert**
below ___ **outlet invert**
at ✓ **outlet invert**

Type of Tank:
- ___ **Metal**
- ✓ **Precast Concrete**
- ___ **Cinder Block**
- ___ **Other**

Condition of Tank(s): **Acceptable** ✓
Problem with Lid ___
Problem WithBaffle ___
Other Problems ___

Disposal Area Design:
- ___ **Seepage Pits**
- ___ **Bed**
- ___ **Trenches**
- ✓ **Unknown**
- ___ **Other**

Condition of Disposal Area: **Satisfactory** ___
Unsatisfactory ___

Reason for Pumpout:
- ✓ **Routine Maintenance**
- ___ **Surfacing on Ground**
- ___ **Plumbing Backup**
- ___ **Other (explain)**

Disposal Site of Pumped Material: All County Glenwood NJ
Company's Name/Address

David S. Moore
Signature of Pumper

David S. Moore
Name(Print)

Original-Health Dept. **Duplicate-Homeowner** **Triplicate-Pumper**

Reference- Chapter 95
Code of the Township
of Mount Olive

No. 39-03

MOUNT OLIVE TOWNSHIP
HEALTH DEPARTMENT
CERTIFICATE

ISSUED TO Allan & Mary Holowchuk/owner Richard & Karen Gallagher/buyer
NAME OF OWNER OR AUTHORIZED AGENT / NAME OF BUYER

THIS CERTIFICATE IS ISSUED FOR THE PURPOSE OF PERMITTING OCCUPANCY OF PREMISES LOCATED

AT 8800 (BLOCK) 63 (LOT) 8 Pocahontas Pl. (STREET)

IN THE TOWNSHIP OF MOUNT OLIVE.

THIS CERTIFICATE IS INVALID UNLESS THE FOLLOWING REPORTS ARE ATTACHED:

1. HEALTH INSPECTION REPORT.
2. LABORATORY WATER TEST REPORT IF INDIVDUAL WELL.

Frank P. Wilfert
HEALTH OFFICER

Date of Issue May 16, 2003
Expiration Date May 16, 2004

THIS CERTIFICATE EXPIRES WHEN BUILDING IS VACATED, RE-LEASED,
RE-RENTED, OR SOLD AND MUST BE RENEWED PRIOR TO NEW OCCUPANCY

THIS DEPARTMENT WILL NOT CONDUCT FINAL INSPECTIONS OF SEPTIC SYSTEMS UNTIL AN AS-BUILT DRAWING IS RECEIVED BY THIS OFFICE.

NO. 63-87

NOTES: 1. Maintain a minimum of 15' from the water pipe.
2. Maintain a minimum of 75' tanks to RCP drainage pipe 100' to pipe.

BOARD OF HEALTH
TOWNSHIP OF MT. OLIVE

PERMIT TO LOCATE AND CONSTRUCT OR ALTER AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

In Accordance with Chapter 199 Public Laws of 1954 as Adopted by Ordinance of the Board of Health

Permission is hereby granted N. D. ASSOCIATES
Name of Owner or Contractor

P.O. Box #427, Vienna, New Jersey 07880
Address

☒ **Locate and construct** **or to** ☐ **Alter**

AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM

Map Name if any .....

Location: Section ..... **Block No.** 243.1 **Lot No.** 28.19 **Street** Pocahontas Place

as shown on Application for Permit to Locate and Construct or Alter an Individual Sewage Disposal System Number 0492

IN ACCORDANCE WITH Chapter 199 Public Laws of 1954, the Standards of the New Jersey State Department of Health, the Ordinances of the Township of Mt. Olive **and the Ordinances of the Board of Health of the** Township of Mt. Olive.

Neither the issuance of this permit nor the issuance of an occupancy permit shall be construed as a guarantee or representation by the Board of Health that the Sewage Disposal System will operate properly.

BOARD OF HEALTH OF MT. OLIVE TOWNSHIP

Date May 6, 1987

Brian Matte
Health Officer

Fee $100. New
$50.00 Alteration

ALL COMPONENT PARTS OF SEPTIC SYSTEM SHALL BE NOT LESS THAN 100' FROM ALL WELLS AND WATER COURSES.

TOWNSHIP OF MOUNT OLIVE

Planning • Zoning • Code Enforcement

ZONING PERMIT #04-296

A. APPLICANT		B. OWNER	
Name:	Stephen Jaron Renovate & Restore, LLC	Name:	Richard & Karen Gallagher
Address:	845 Summit Avenue Westfield, NJ 07090	Address:	8 Pocahontas Place Hackettstown, NJ 07840
Phone:		Phone:	
		Block:	8800 Lot 63
Relationship to Owner: Contractor		Zoning:	R-1

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: Construct a deck measuring 547 square feet which will be attached to the existing deck on property known as 8 Pocahontas Place, also known as Block 8800, Lot 63. The location of the deck extension is depicted on the attached survey prepared by Richard S. Hudson, dated April 10, 2003. Building coverage and lot coverage equal 6 percent and 9.6 percent respectively. The adopted standards are 10 percent and 20 percent respectively.

(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.

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 as required by municipal, county, state or federal agencies.

Time Limit: This Zoning permit is subject to revisions to applicable development ordinances.

APPROVED BY

Catherine Natafalusy
Planning Administrator

FEE PAID

7/12/04
Date

c: Russ Brown, Construction Code Official
Frank Wilpert, Health Officer
Jack Marchione, Tax Assessor

P.O. Box 450 • 204 Flanders-Drakestown Road • Mount Olive, NJ 07828
(973) 691-0900 • (Fax 973-691-0550) • (email: planning@mtolivetwp.org)
www.mountolivetownship.com

BOARD OF HEALTH - TOWNSHIP OF MOUNT OLIVE
Morris County, New Jersey

pd 4/28/87
100.00

INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION

New Construction X Application No. № 0492

Alteration _____ Date Submitted _____

Location of Property: Block 243.1 Lot 28.19 Street Pocahontas Place

Size of Lot _____ Tax Map No. _____

Applicant N. D. Associates

Address P.O. Box 427, Vienna, New Jersey 07880

Signature of Applicant _____

Owner _____

Address _____

INSTRUCTIONS

This application for a Permit to Locate and Construct shall comply to N.J. D.E.P. "Standards for the Construction of Individual Sub-Surface Sewage Disposal Systems" and to Mt. Olive Township Ordinances and must be accompanied by the following:

1. A soil log and percolation test report form supplied by the Board of Health.
2. A complete check list form supplied by the Board of Health.
3. A scale drawing (1" - 50" minimum) of the lot showing the location and size of all existing and proposed buildings, driveways, streams, ponds, wells, drains, ditches, easements, percolation tests, soil logs, topography, distances to sewage system, future expansion area, interceptor drains if needed, wooded and open areas.
4. Detailed plans of the disposal system including cross sections and profiles.

DESIGN DATA

Type of building Frame Dwelling X No. of bedrooms 4

Expansion: attic; Yes _____ No X

For buildings other than dwelling - type and use _____

Occupancy _____ persons per day

Estimated quantity of sewage 400 gallons per day

SEPTIC TANKS (minimum requirement - two (2) septic tanks for each system)

No. of tanks 2 Capacity of each 1000

4 bedrooms or less, 1000 gal. 5 bedrooms, 1,250 gal. 6 bedrooms, 1500 gal.

Material Concrete (pre-fab metal tanks not permitted)

BUILDING SEWER MATERIAL: PVC

GREASE TRAP: Yes _____ No X Location _____

Size _____ Material _____

GARBAGE DISPOSAL: Yes _____ No X If yes, state septic tank capacity increase _____

DISPOSAL AREA: Disposal Beds or Disposal Trenches

1. Minimum percolation area required in accordance to N.J.A.C. Section 7:9-2.81 or 7:9-2.87
   180 sq. ft. bottom area
2. Design percolation area: State: 144 sq. ft.
   Mt. Olive Township: 216 sq. ft.
3. Pipe Material PVC
4. Fill Material (if necessary) Having a percolation rate of 1" in 15 mins.
5. Percolation rate at bottom of Bed of Trench: _____ min/in.

SEEPAGE PITS: (if permitted by special approval of the Board of Health)

1. Number of Pits _____
2. Minimum percolation are required in accordance to N.J. D.E.P. Standards: _____ sq. ft.
3. Minimum percolation area required in accordance with Mt. Olive Township standards: _____
4. Designed percolation area: State _____ sq. ft.
   Mt. Olive Township _____ sq. ft.

WATER SUPPLY FOR THIS PROPERTY

Public X Private _____ Spring _____ Other _____

If private water supply is to be constructed, complete a Mt. Olive Township Individual Water Supply Application Form. An approved well permit from the Department of Environmental Protection is also required.

CERTIFICATE OF QUALIFIED PERSON

This is to certify to the Board of Health of the Township of Mt. Olive that the undersigned has prepared or examined the within application and accompanying plans and specifications and that such application and data are in compliance with Standards for the Construction of Individual Subsurface Sewage Disposal Systems and Ordinances of the Township of Mt. Olive to regulate and control the location, construction, and use of Individual Sewage Disposal Systems and providing for the violation thereof.

Signature Raymond E. Ley P.E. License No. _____ Date 3/26/87

Firm Canger Engineering Associates Telephone No. 796-2776

Address 6-20 Plaza Road, Fair Lawn, N.J. 07410

(Seal)