



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 2/27/2009
Control Number _____
Permit Number 97-0673
Permit Issue Date 6/25/1997
Certificate Number 97-0673

Certificate
Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 38 BARNEGAT ROAD HEWITT, NJ 07421, NJ Block: 1207 Lot: 2 Qual: _____
Owner in Fee: NERLI, KARL
Owner Address: 38 BARNEGAT ROAD HEWITT, NJ 07421-
Telephone: _____
Contractor NERLI, KARL
Address 38 BARNEGAT ROAD HEWITT, NJ 07421
Telephone: _____ Fax: _____ Federal Emp. Number: HO-
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3 Construction Classification: _____
Maximum Live Load: _____ Maximum Occupancy Load: _____
Description of Work/Use: - ABOVE GROUND POOL 15 X 24 OVAL

Certificate Comments: ABOVE GROUND POOL 15 X 24 OVAL

☒ **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:



Construction Official

Date Printed: 9/17/2024

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

Fee: \$100.00
Check Number: 414
Collected By: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Certificate
Construction Code Division
(Certificate of Approval)

Date Issued 3/14/2001
Control Number _____
Permit Number 98-1146
Permit Issue Date 10/30/1998
Certificate Number 98-1146

Identification

Work Site Location: 38 BARNEGAT ROAD HEWITT, NJ 07421 , Block: 1207 Lot: 2 Qual: _____
NJ
Owner In Fee: NERLI, KARL
Owner Address: 38 BARNEGAT ROAD HEWITT, NJ 07421-
Telephone: _____
Contractor NERLI, KARL
Address 38 BARNEGAT ROAD HEWITT, NJ 07421
Telephone: _____ Fax: _____ Federal Emp. Number: HO-
License Number or Builders Registration Number: _____
Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-3 Construction Classification: _____
Maximum Live Load: _____ Maximum Occupancy Load: _____
Description of Work/Use: - WOOD STOVE IN BASEMENT

Certificate Comments: WOOD STOVE IN BASEMENT

☐ **Certificate of Occupancy**

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☒ **Certificate of Approval**

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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.

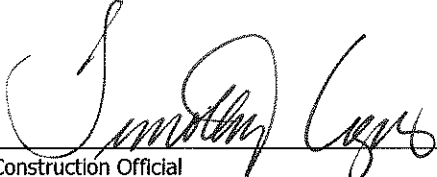
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☐ Partial or limited time period (years); see file

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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:



Construction Official

Date Printed: 9/17/2024

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

Fee: \$0.00
Check Number: _____
Collected By: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued: 6/19/2019
Control Number: C-19-0826
Permit Number: 19-0705
Permit Issue Date: 6/13/2019
Certificate Number: 19-0705

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 38 BARNEGAT RD HEWITT, NJ 07421 Block: 1207 Lot: 2 Qual: _____
Owner In Fee: FAVRE, MEGAN
Owner Address: 1 BROOK RD HEWITT NJ 07421
Telephone: _____
Contractor: SISCO SERVICES LLC
Address: 38 CASTLEROCK RD HEWITT NJ 07421
Telephone: (201) 749-2415 Fax: _____
License Number or Builders Registration Number: 13VH08827600 Federal Emp. 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: - SEPTIC LINE

Certificate Comments: _____

☐ **Certificate of Occupancy**

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☒ **Certificate of Approval**

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

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

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☐ **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:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

Date Printed: 6/19/2019

U.C.C. F280 (rev. 08/05)

Page 1



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 3/14/2016
Control Number C-15-1162
Permit Number 15-1096
Permit Issue Date 9/8/2015
Certificate Number 15-1096

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 38 BARNEGAT RD HEWITT, NJ 07421 Block: 1207 Lot: 2 Qual: _____
Owner In Fee: FAVRE, CORY
Owner Address: 38 BARNEGAT RD HEWITT NJ 07421
Telephone: _____
Contractor: FAVRE, CORY
Address: 38 BARNEGAT RD HEWITT NJ 07421
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. 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: NEW 16X12 DECK

Certificate Comments:

☐ **Certificate of Occupancy**

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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**

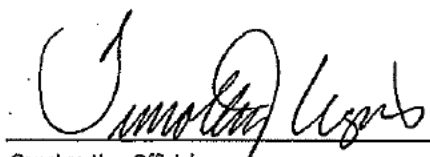
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____

☐ **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:



Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



West Milford Township
1480 UNION VALLEY ROAD
WEST MILFORD, NJ 07480

Date Issued 3/17/2016
Control Number C-10-0428
Permit Number 10-0365
Permit Issue Date 4/27/2010
Certificate Number 10-0365

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 38 BARNEGAT RD HEWITT, NJ 07421 Block: 1207 Lot: 2 Qual: _____
Owner In Fee: FAVRE, CORY
Owner Address: 38 BARNEGAT RD HEWITT NJ 07421
Telephone: _____
Contractor FAVRE CORY
Address 38 BARNEGAT RD HEWITT NJ 07421
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. 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: TAKE OUT PEAK OVER FRONT ENTRANCE AND VINYL SIDING

Certificate Comments:

☐ **Certificate of Occupancy**

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☒ **Certificate of Approval**

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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 NJACS: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:


Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

TOWNSHIP OF WEST MILFORD
1480 UNION VALLEY ROAD
(973) 728-2780

Date Issued 02/27/2009
Control #
Permit # 09-0146

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1207 Lot 2 Qual
Work Site Location 38\TD BARNEGAT ROAD
HEWITT, NJ 07421
Owner in Fee/Occupant NERLI, KARL
Address 38 BARNEGAT ROAD
HEWITT, NJ 07421-
Telephone
Contractor AMERICAN RECOVERY
Address 25 MITCHELL ROAD
HACKETTSTOWN, NJ 07840-
Telephone (908)887-0334 Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

☐ 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 the owner will be subject to fine or order to vacate:

Home Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REMOVAL OF 1-550 GALLON UST OIL TANK

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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


CONSTRUCTION OFFICIAL

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

Fee \$ 0
Paid ☒ Check No. 163
Collected by: JK

TOWNSHIP OF WEST MILFORD
1480 UNION VALLEY ROAD
(973) 728-2780

Date Issued 02/27/2009
Control #
Permit # 09-0147

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1207 Lot 2 Qual
Work Site Location 38\T BARNEGAT ROAD
HEWITT, NJ 07421
Owner in Fee/Occupant NERLI, KARL
Address 38 BARNEGAT ROAD
HEWITT, NJ 07421-
Telephone
Contractor AMERICAN RECOVERY
Address 25 MITCHELL ROAD
HACKETTSTOWN, NJ 07840-
Telephone (908)887-0334 Fax ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

[] CERTIFICATE OF OCCUPANCY

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

[X] CERTIFICATE OF APPROVAL

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

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INSTALLATION OF 1-330 GALLON AST OIL TANK
IN BASEMENT

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (___ years); see file

[] CERTIFICATE OF CONTINUED OCCUPANCY

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

[] CERTIFICATE OF COMPLIANCE

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


CONSTRUCTION OFFICIAL

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

Fee \$ 0
Paid [X] Check No. 163
Collected by: JK

TOWNSHIP OF WEST MILFORD
1480 UNION VALLEY ROAD
(973) 728-2780

Date Issued 02/27/2009
Control #
Permit # 09-0130

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1207 Lot 2 Qual _____
Work Site Location 38\RON BARNEGAT ROAD
HEWITT NJ 07421
Owner in Fee/Occupant NERLI, KARL
Address 38 BARNEGAT ROAD
HEWITT, NJ 07421-
Telephone _____
Contractor ALPHA CONCEPTS
Address 121 MAPLE AVENUE
HACKETTSTOWN, NJ 07480-
Telephone (908)269-8091 Fax ()
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____

Home Warranty No. _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group R-5
Maximum Live Load 0
Construction Classification _____
Maximum Occupancy Load 0
Description of Work/Use:

RADON SYSTEM

☐ 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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☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

☐ CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

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

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

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ CERTIFICATE OF COMPLIANCE

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


CONSTRUCTION OFFICIAL

U.C.C. F250 (rev. 3/96) NJ UCCARS 5.24E

Fee \$ _____ 0
Paid ☒ Check No. 39272
Collected by: _____ JK



BUILDING SUBCODE TECHNICAL SECTION



Date Received 2/19/2009
Control # _____
Date Issued 2/19/2009
Permit # 09-0130

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

Block 1207 Lot 2 Qualification Code _____

Work Site Location: 38 BARNEGAT ROAD HEWITT NJ 07421, NJ

Owner in Fee: NERLI, KARL

Address 38 BARNEGAT ROAD HEWITT, NJ 07421-

Tel. _____ Email _____

Contractor: ALPHA CONCEPTS

Address 121 MAPLE AVENUE HACKETTSTOWN NJ 07840-

Email _____

Tel. 908/2698091 Fax. _____

Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Emp. ID No. 22-2469105

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RADON SYSTEM

TYPE OF WORK

- ☐ New Building
☐ Addition
☒ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

_____ \$35

Administrative Surcharge
Minimum Fee \$70
State Permit Surcharge Fee \$2
TOTAL FEE \$72

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

- ☐ No Plan Required
☐ All
☐ Footing/Foundation
☐ Struct/Framework
☐ Exterior
☐ Interior

Joint Plan Review Required

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ If Industrial Building: _____

Constr. Class Present _____ Proposed _____ State Approved _____

Number of Stories _____ HUD _____

Height of Structure _____ Ft. Est. Cost of Bldg. Work: _____

Area - Largest Floor _____ Sq. Ft. 1. New Bldg. _____

New Bldg. Area / All Floors _____ Sq. Ft. 2. Rehabilitation \$1,175

Volume of New Structure _____ Cu. Ft. 3. Total (1+2) \$1,175

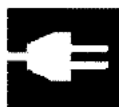
Total Land Area Disturbed _____ Sq. Ft.

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

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 2/19/2009
Date Issued 2/19/2009
Control # _____
Permit # 09-0130

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

Block 1207 Lot 2 Qualification Code _____

Work Site Location: 38 BARNEGAT ROAD HEWITT NJ 07421, NJ

Owner in Fee: NERLI, KARL

Address 38 BARNEGAT ROAD HEWITT, NJ 07421-

Email _____

Tel. [REDACTED]

Contractor: JG ELECTRICAL CONTRACTORS

Address 195 PENN AVENUE EDISON NJ 08817-

Email _____

Tel. 732/3099441 Fax. _____

Lic No. _____ Exp. Date _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. 22-3826654

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-5 Proposed R-5

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$125

JOB SUMMARY (Office Use Only)						
PLAN REVIEW	Date	Initial	INSPECTIONS		Dates (Month/Day)	
☐ No Plan Required			Type:	Failure	Failure	Approval
☐ Partial/Underlab Approved			Rough			
Partial Underlab Utilities Approved			Barrier-Free			
Date: _____ by: _____			Trench			
☐ Electrical Plans Approved			Temp. Serv.			
Date: _____ by: _____			Constr. Serv.			
Joint Plan Review Required			TCO			
☐ Building ☐ Plumbing			Other			
☐ Fire ☐ Elevator			Service			
SUBCODE APPROVAL for PERMIT			Final			
Date: _____			Barrier-Free			
Approved by: _____			Temp. Cut-in-Card Date Issued			
SUBCODE APPROVAL for CERTIFICATE			Final Cut-in-Card Date Issued			
☐ CO ☐ CCO ☐ CA			Annual Pool Inspection			
Date: _____			Date of Grounding and Bonding			
Approved by: _____			Certification			

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Licensed Elec Contr ☐ Certif'd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK RADON SYSTEM

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors - Fract. HP	
		Emergency & Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
1		TOTAL NUMBERS	\$70
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Hand	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	\$2
TOTAL FEE	\$72



FIRE SUBCODE TECHNICAL SECTION



Date Received 2/24/2009
Control # _____
Date Issued 2/24/2009
Permit # 09-0147

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 1207 Lot 2 Qualification Code _____

Work Site Location: 38 BARNEGAT ROAD HEWITT, NJ 07421, NJ

Owner in Fee: NERLI, KARL

Address 38 BARNEGAT ROAD HEWITT, NJ 07421-

Email _____

Tel. _____

Contractor: AMERICAN RECOVERY

Tel. 908/8870334

Address 25 MITCHELL ROAD HACKETTSTOWN NJ 07840-

Email _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Expiration Date: _____

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

Federal Employee No. _____ Fax: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed U

Constr. Class Present _____ Proposed _____

Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: _____

Fuel Storage Tank:

Fuel Type ☐ Flammable or ☐ Combustible
Capacity _____

Fire Alarm System: ☐ New or ☐ Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
☐ New or ☐ Existing
Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$1,750

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☐ No Plan Required

☐ Partial Underslab Utilities Approved

Date: _____ by: _____

☐ Fire Protection Plans Approved

Date: _____

Approved by: _____

Joint Plan Review Required

☐ Building ☐ Plumbing
☐ Electrical ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____ Failure _____ Approval _____ Initial _____

Alarm System _____

Suppression Sys. _____

Standpipe _____

Fire Pump _____

Pre-Eng. System _____

Mechanical _____

Smoke Control _____

TCO _____

Flam/Combust Tank _____

Fireplace Venting _____

Final _____

Other _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALLATION OF 1-330 GALLON AST OIL TANK IN BASEMENT

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm Systems		
☐ System	_____	_____
☐ 110v Interconnected	_____	_____
☐ CO Detectors/110v	_____	_____
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (tamper, low/high air)	_____	_____
Signaling Devices (horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO2 Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fire Appliances ☒ Gas ☐ Oil ☐ Solid	<u>1</u>	<u>\$80</u>
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee \$2

TOTAL FEE \$82



09-0146

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



BUILDING SUBCODE TECHNICAL SECTION



Date Received 4/27/2010
Control # C-10-0428
Date Issued 4/27/2010
Permit # 10-0365

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

Block 1207 Lot 2 Qualification Code _____

Work Site Location: 38 BARNEGAT RD HEWITT, NJ 07421

Owner in Fee: FAVRE, CORY

Address 38 BARNEGAT RD HEWITT NJ 07421

Tel. [REDACTED] Email _____

Contractor: FAVRE CORY

Address 38 BARNEGAT RD HEWITT NJ 07421

_____ Email _____

Tel. [REDACTED] Fax. _____

Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Struct/Framework	_____	_____
☐ Exterior	_____	_____
☐ Interior	_____	_____
Joint Plan Review Required		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____
SUBCODE APPROVAL for PERMIT		
Date: _____	_____	_____
Approved by: _____		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA	_____	_____
Date: _____	_____	_____
Approved by: _____		

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5 If Industrial Building: _____

Constr. Class Present _____ Proposed _____ State Approved _____

Number of Stories _____ HUD _____

Height of Structure _____ Ft. Est. Cost of Bldg. Work: _____

Area - Largest Floor _____ Sq. Ft. 1. New Bldg. _____

New Bldg. Area / All Floors _____ Sq. Ft. 2. Rehabilitation _____

Volume of New Structure _____ Cu. Ft. 3. Total (1+2) \$8,000

Total Land Area Disturbed _____ Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TAKE OUT PEAK OVER FRONT ENTRANCE AND VINYL SIDING

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☒ Siding _____ Height (exceeds 6')
☐ Fence _____ Sq. Ft.
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5:17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

_____ \$70

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$14
TOTAL FEE \$84



BUILDING SUBCODE TECHNICAL SECTION



Date Received 8/25/2015
Control # C-15-1162
Date Issued 9/8/2015
Permit # 15-1096

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

Block 1207 Lot 2 Qualification Code _____

Work Site Location: 38 BARNEGAT RD. HEWITT, NJ 07421

Owner in Fee: FAVRE, CORY

Address 38 BARNEGAT RD. HEWITT NJ 07421

Tel. [REDACTED] Email _____

Contractor: FAVRE, CORY

Address 38 BARNEGAT RD. HEWITT NJ 07421

Email _____

Tel. [REDACTED] Fax. _____

Contractor License No. or, if new home, Bldrs Reg. No. _____ Exp. _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Emp. ID No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plan Required _____

☐ All _____

☐ Footing/Foundation _____

☐ Struct/Framework _____

☐ Exterior _____

☐ Interior _____

Joint Plan Review Required

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

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

B. BUILDING CHARACTERISTICS

Use Group Present R-5 Proposed R-5 If Industrial Building: _____

Constr. Class Present _____ Proposed _____ State Approved _____

Number of Stories _____ HUD _____

Height of Structure _____ Ft. Est. Cost of Bldg. Work:

Area - Largest Floor _____ Sq. Ft. 1. New Bldg. _____

New Bldg. Area / All Floors _____ Sq. Ft. 2. Rehabilitation _____

Volume of New Structure _____ Cu. Ft. 3. Total (1+2) \$5,000

Total Land Area Disturbed _____ Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW 16X12 DECK

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge _____

Minimum Fee _____

State Permit Surcharge Fee \$10

TOTAL FEE \$160



PLUMBING SUBCODE TECHNICAL SECTION



Date Received 6/13/2019
Control # C-19-0826
Date Issued 6/13/2019
Permit # 19-0705

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

Block 1207 Lot 2 Qualification Code _____

Work Site Location: 38 BARNEGAT RD HEWITT, NJ 07421

Owner in Fee: FAVRE, MEGAN

Address 1 BROOK RD HEWITT NJ 07421

Email _____

Tel. [REDACTED]

Contractor: SISCO SERVICES LLC

Address 38 CASTLEROCK RD PO BOX 926 HEWITT NJ 07421

Email _____

Tel. (201) 749-2415 Fax. _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Contractor License No. 13VH08827600 Expiration Date: _____

Federal Employee No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size _____ ☐ Public Sewer ☐ Private Septic

Water Service Size _____ ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work \$200

JOB SUMMARY (Office Use Only)		Truss Sys./Bracing				
PLAN REVIEW	Date _____ Initial _____					
☐ No Plan Required						
☐ Partial Underslab Utilities Approved	Date: _____ by: _____					
☐ Plumbing Plans Approved	Date: _____					
Approved by: _____						
Joint Plan Review Required						
☐ Building ☐ Electrical						
☐ Fire ☐ Elevator						
SUBCODE APPROVAL for PERMIT						
Date: _____						
Approved by: _____						
SUBCODE APPROVAL for CERTIFICATE						
☐ CO ☐ CCO ☐ CA						
Date: _____						
Approved by: _____						

INSPECTIONS	Type:	Failure	Failure	Approval	Initial
Slab	_____	_____	_____	_____	_____
Rough	_____	_____	_____	_____	_____
Water	_____	_____	_____	_____	_____
Sewer	_____	_____	_____	_____	_____
Fixtures	_____	_____	_____	_____	_____
Gas Equipment	_____	_____	_____	_____	_____
Gas Piping	_____	_____	_____	_____	_____
LPGas Tank	_____	_____	_____	_____	_____
Fuel Oil Piping	_____	_____	_____	_____	_____
Solar	_____	_____	_____	_____	_____
TCO	_____	_____	_____	_____	_____
Final	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK SEPTIC LINE		FEE (Office Use Only)
NO.	FIXTURE/EQUIPMENT	
_____	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	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventor	_____
_____	Greasetrap	_____
<u>1</u>	Sewer Connector	<u>\$80</u>
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other _____	_____
☐ Private Septic		Administrative Surcharge _____
☐ Private Well		Minimum Fee _____
		State Permit Surcharge Fee <u>\$1</u>
		TOTAL FEE <u>\$81</u>

☐ Licensed Plumbing Contractor ☐ Exempt Applicant



Permit #

97-0673

Block **1207** Lot **2** Qualification Code

Block 1207

Lot 2

Qualification Code

Work Site Location: **38 BARNEGAT ROAD HEWITT,NJ 07421 . NJ**

Owner in Fee: NERLI.KARL

Address 38 BARNEGAT ROAD HEWITT, NJ 07421-

Tel. _____ Email _____

Contractor: NERLI.KARL

Address 38 BARNEGAT ROAD HEWITT, NJ 07421

Email: _____

Tel. _____ Fax. _____

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvement Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No. HO-

JOB SUMMARY (Office Use Only)			INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval
☐ No Plan Required	_____	_____	Footings	_____	_____	_____
☐ All	_____	_____	Footings Bonding	_____	_____	_____
☐ Footing/Foundation	_____	_____	Foundation	_____	_____	_____
☐ Struct/Framework	_____	_____	Slab	_____	_____	_____
☐ Exterior	_____	_____	Frame	_____	_____	_____
☐ Interior	_____	_____	Truss Sys./Bracing	_____	_____	_____
Joint Plan Review Required			Barrier-Free	_____	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Finishes-Base Layer	_____	_____	_____
Date: _____			Finishes-Final	_____	_____	_____
Approved by: _____			Energy	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Mechanical	_____	_____	_____
☐ CO ☐ CCO ☐ CA			TCO	_____	_____	_____
Date: _____			Other	_____	_____	_____
Approved by: _____			Final	_____	_____	_____
			Barrier-Free	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	If Industrial Building:
-----------	---------	----------	-------------------------

Constr. Class	Present	Proposed	State Approved
---------------	---------	----------	----------------

Number of Stories HUD

Height of Structure _____ Ft.

Est. Cost of Bldg. Work:

Area - Largest Floor _____ Sq. Ft.

1. New Bldg.

New Bldg. Area / All Floors _____ Sq. Ft.

2. Rehabilitation \$1,500

Volume of New Structure _____ Cu. Ft.

3. Total (1+2) \$1,500

Total Land Area Disturbed	Sq. Ft.
---------------------------	---------

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

Signature _____

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ABOVE GROUND POOL 15 X 24 OVAL

TYPE OF WORK

- ☐ New Building
- ☐ Addition
- ☒ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6')
- ☐ Sign _____ Sq. Ft.
- ☒ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$30

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received 6/25/1997
Date Issued 6/25/1997
Control # _____
Permit # 97-0673

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

Block 1207 Lot 2 Qualification Code _____

Work Site Location: 38 BARNEGAT ROAD HEWITT, NJ 07421, NJ

Owner in Fee: NERLI, KARL

Address 38 BARNEGAT ROAD HEWITT, NJ 07421-

Email _____

Tel. _____

Contractor: NERLI, KARL

Address 38 BARNEGAT ROAD HEWITT, NJ 07421

Email _____

Tel. _____ Fax. _____

Lic No. _____ Exp. Date _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. HO-

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$100

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS		Dates (Month/Day)	
			Type:	Failure	Failure	Approval
☐ No Plan Required			Rough	_____	_____	_____
☐ Partial/Underslab Approved			Barrier-Free	_____	_____	_____
Partial Underslab Utilities Approved			Trench	_____	_____	_____
Date: _____ by: _____			Temp. Serv.	_____	_____	_____
☐ Electrical Plans Approved			Constr. Serv.	_____	_____	_____
Date: _____ by: _____			TCO	_____	_____	_____
Joint Plan Review Required			Other	_____	_____	_____
☐ Building ☐ Plumbing			Service	_____	_____	_____
☐ Fire ☐ Elevator			Final	_____	_____	_____
SUBCODE APPROVAL for PERMIT			Barrier-Free	_____	_____	_____
Date: _____			Temp. Cut-in-Card Date Issued	_____	_____	_____
Approved by: _____			Final Cut-in-Card Date Issued	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE			Annual Pool Inspection	_____	_____	_____
☐ CO ☐ CCO ☐ CA			Date of Grounding and Bonding	_____	_____	_____
Date: _____			Certification	_____	_____	_____
Approved by: _____						

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name _____

☐ Licensed Elec Contr ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ABOVE GROUND POOL 15 X 24 OVAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
_____	_____	Lighting Fixtures	_____
_____	_____	Receptacles	_____
_____	_____	Switches	_____
_____	_____	Detectors	_____
_____	_____	Light Poles	_____
_____	_____	Motors - Fract. HP	_____
_____	_____	Emergency & Exit Lights	_____
_____	_____	Communication Points	_____
_____	_____	Alarm Devices/F.A.C. Panel	_____
_____	_____	_____	_____
1	_____	TOTAL NUMBERS	\$24
_____	_____	Pool Permit/with UW Lights	_____
_____	_____	Storable Pool/Spa/Hot Tub	_____
_____	_____	KW Elec. Range/Receptacle	_____
_____	_____	KW Oven/Surface Unit	_____
_____	_____	KW Elec. Water Heater	_____
_____	_____	KW Elec. Dryer/Recepticle	_____
_____	_____	KW Dishwasher	_____
_____	_____	HP Garbage Disposal	_____
_____	_____	KW Central A/C Unit	_____
_____	_____	HP/KW Space Heater/Air Hand	_____
_____	_____	KW Baseboard Heat	_____
_____	_____	HP Motors 1/+ HP	_____
_____	_____	KW Transformer/Generator	_____
_____	_____	AMP Service	_____
_____	_____	AMP Subpanels	_____
_____	_____	AMP Motor Control Center	_____
_____	_____	KW Elec. Sign/Outline Light	_____

Administrative Surcharge	\$4
Minimum Fee	_____
State Permit Surcharge Fee	\$1
TOTAL FEE	\$29



FIRE SUBCODE TECHNICAL SECTION



Date Received 10/30/1998
Control # _____
Date Issued 10/30/1998
Permit # 98-1146

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 1207 Lot 2 Qualification Code _____

Work Site Location: 38 BARNEGAT ROAD HEWITT, NJ 07421, NJ

Owner in Fee: NERLI,KARL

Address 38 BARNEGAT ROAD HEWITT, NJ 07421-

Email _____

Tel. _____

Contractor: NERLI,KARL

Tel. _____

Address 38 BARNEGAT ROAD HEWITT, NJ 07421

Email _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Expiration Date: _____

Home improvement Contractor Registration No. or Exemption Reason(is applicable): _____

Federal Employee No. HO-

Fax. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R-3 Proposed R-3

Fuel Storage Tank:

Fuel Type ☐ Flammable or ☐ Combustible
Capacity _____

Constr. Class Present _____ Proposed _____

Heating Systems: ☐ New or ☐ Modification to Existing
or ☐ Conversion or ☐ Replacement

Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
☐ Other _____

Location: _____

Fire Alarm System: ☐ New or ☐ Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
☐ New or ☐ Existing
Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$1,900

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	Type:	Failure	Failure	Approval	Initial
☐ No Plan Required			Alarm System				
☐ Partial Underslab Utilities Approved			Suppression Sys.				
Date: _____ by: _____			Standpipe				
☐ Fire Protection Plans Approved			Fire Pump				
Date: _____			Pre-Eng. System				
Approved by: _____			Mechanical				
Joint Plan Review Required			Smoke Control				
☐ Building ☐ Plumbing			TCO				
☐ Electrical ☐ Elevator			Flam/Cumbust Tank				
SUBCODE APPROVAL for PERMIT			Fireplace Venting				
Date: _____			Final				
Approved by: _____			Other				
SUBCODE APPROVAL for CERTIFICATE							
☐ CO ☐ CCO ☐ CA							
Date: _____							
Approved by: _____							

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature and Printed Name

☐ Certified Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
WOOD STOVE IN BASEMENT

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
☐ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)		
Supervisory Devices (tamper, low/high air)		
Signaling Devices (horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____ W/S		\$35
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fire Appliances ☐ Gas ☐ Oil ☐ Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

\$35