Certificate of Habitability

Borough of Hopatcong

APPLICATION # 77343

Office of Building Inspector

No. 933

Reference -
Ordinance
Chapter 28

ISSUED TO Richard Heidecke
Name of Owner or Authorized Agent

THIS CERTIFICATE IS ISSUED FOR THE PURPOSE OF PERMITTING OCCUPANCY OF

PREMISES LOCATED AT 10402 (Block) 9 (Lot)

7 Russel Road (Street) IN THE BOROUGH

OF HOPATCONG.

WHILE THE HOUSE AND WATER SUPPLY WERE SHOWN TO BE IN WORKING ORDER AT THE TIME OF INSPECTION, THIS CERTIFICATE IS NOT TO BE CONSTRUED AS A GUARANTEE THAT THEY WILL CONTINUE TO WORK PROPERLY IN THE FUTURE.

THE ISSUANCE OF THIS CERTIFICATE INDICATES THAT SAID PREMISES HAVE BEEN INSPECTED AND SUBSTANTIALLY CONFORM TO THE REQUIREMENT OF THE STATE HOUSING CODE AS ADOPTED BY THE BOROUGH OF HOPATCONG PURSUANT TO CHAPTER 28 OF THE CODE OF THE BOROUGH OF HOPATCONG AT THIS TIME AND SHALL NOT BE CONSTRUED AS A GUARANTEE OF ANY NATURE. THE BOROUGH OF HOPATCONG HAS NOT UNDERTAKEN AN INSPECTION OF THE SEPTIC SYSTEM IN CONJUNCTION WITH THE ISSUANCE OF SAID CERTIFICATE OF HABITABILITY AND IT IS THE SOLE RESPONSIBILITY OF SELLER, PURCHASER, AND/OR RENTER TO DETERMINE WHETHER THE SEPTIC SYSTEM IS IN PROPER OPERATING CONDITION AND COMPLIES WITH THE ORDINANCE OF THE BOROUGH OF HOPATCONG.

Robert Lyons
Enforcing Official - Borough of Hopatcong

Date of Issue October 24, 1977

This certificate expires when building is vacated, re-leased, re-rented, or sold as set forth in Chapter 28 of the Code of the Borough of Hopatcong and must be renewed prior to new occupancy.

RECEIVED 10/14/77

Borough of Hopatcong

Office of Building Inspector

RIVER STYX ROAD, HOPATCONG, NEW JERSEY

Re: Sale or Resale of Real Property with Improvement

TO: BUILDING INSPECTOR

I make this application and supply the following information pursuant to Chapter 28, Section 28-9 et seq., Code of the Borough of Hopatcong, to induce the Building Inspector to issue a Certificate of Habitability:

1. Present owner of property to be sold:

   a) Name Heimroth Richard Phone No. 3280330

   b) Address P.O. 249

   Landing N.J.

2. Identification of Property to be Sold:

   a) Street name and number 7 Russel Rd. Hopatcong NJ.

   b) Tax Map Lot No. 9 and Block No. 1040 8

   c) Describe building thereon:

   Raised Ranch

3. Person or legal entity, if any, appointed by the owner to manage the property:

   a) Name Self Phone No. _____

   b) Address _____

   c) Status _____ Individual _____ Agent _____

   Corporation _____ Other (explain) _____

4. Purchaser of Property:

   a) Name John Green Phone No. _____

   b) Address Hurd St. Mine Hill N.J.

MONDAY Oct 24/77

5. Proposed closing date ~~THURSDAY~~ Oct 13 1977

6. Number of persons to occupy premises when purchaser takes possession 3

7. I have attached the following to this application:

   a) A plot plan to scale showing the location and size of each room, and the toilet and kitchen facilities, and other data as requested by the Building Inspector.

   b) A plot plan to scale showing the location of a well, if any, and the septic system and any other engineering data as requested by the Building Inspector.

8. I have included with my application the required fee of ~~$90.00~~ 65.00 allocated as follows:

Certificate of Habitability	$40.00
~~Inspection of Septic System & Certificate~~	~~$25.00~~*
Water supply Certificate	$25.00**

☐ *If you qualify for an exemption of this fee pursuant to the ordinance, and have submitted the necessary statement, check box at left and omit fee.

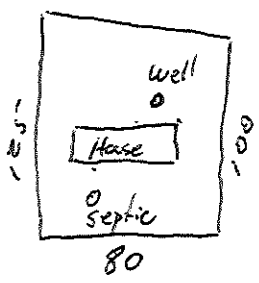
** If the building is serviced by a public water supply system, check the box at left and omit fee.

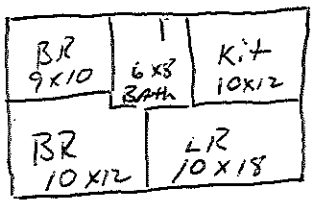
CERTIFICATION

I certify that the foregoing statements made by me are true.
I am aware that if any of the foregoing statements made by me are knowingly false, I am subject to punishment.

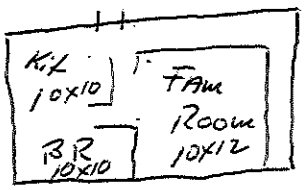
Dated: Oct. 5 1977

Signature of applicant





upper Level



Lower Level

approx 15' Ft Between House & Septic
approx 15' Ft Between center of House & well

Samples Accepted
Monday thru Thursday
Hours: 10 A.M. to 4 P.M.
Phone 201 - 663-1202

LAKELAND LABORATORIES

Box 373
R. D. 1, Lake Hopatcong, N. J.
07849

Laboratory # 77-1147

Date Examined 10/18/77

FROM Hopatcong Building Department, River Styx Rd., Hopatcong, N.J. 07843

10:45 AM Helmorth, Richard
7 Rossel Rd.

CHEMICAL

ANALYSIS IN MILLIGRAMS PER LITER

Color Units 0	Nitrite (N)	Phosphates (Ortho)	Manganese
Turbidity J. T. U. 0	Chloride 12	Odor	Sulfate
Ph 6.6	Hardness (Total) 44	Detergents (Anionic)	Cyanides
Chlorine 0	Iron .07	CO_2	Chromate
Nitrate (N) .8	Copper 0	Alkalinity	D. O.
C. O. D.	B. O. $D._5$		Other

BACTERIAL

MEMBRANE TECHNIQUE

(Total) Coliform Per 100 Ml's 0. With / M-Endo Media. @ 35 Degrees Centigrade

(Total) Fecal Coliform Per 100 Ml's _____. With / M-FC Media. @ 44.5 Degrees Centigrade

(Total) Fecal Strep Per 100 Ml's _____. With / KF Streptococcal Media @ 35 Degrees Centigrade

This water (does) (~~does not~~) meet State Requirements bacterially.

REMARKS _____

E Price

Elizabeth Price, B.S., M.S.
Director

A State Certified Public Health Laboratory
Membrane Filter Procedure

INFORMATIONAL USE ONLY

BOROUGH OF HOPATCONG
BUILDING DEPARTMENT
RIVER STYX ROAD
HOPATCONG, N. J. 07843 - 1599
TEL. (201) 770-1200

BUILDING PERMIT

Spa Receipt 1-24-85 FIELD COPY

C. of O. ISSUED 1-24-85

398-6346

DATE May 20 19 83 PERMIT NO. 2297

APPLICANT John Green ADDRESS P O Box 422 Landing, N.J. c/o (CONTR'S LICENSE)
(NO.) (STREET)

PERMIT TO Garage (TYPE OF IMPROVEMENT) (___) NO. STORY (PROPOSED USE) NUMBER OF DWELLING UNITS ZONING DISTRICT

AT (LOCATION) 7 Russell Rd (NO.) (STREET) AND (CROSS STREET)

BETWEEN (CROSS STREET)

SUBDIVISION LOT 9 BLOCK 10402 LOT SIZE

BUILDING IS TO BE FT. WIDE BY FT. LONG BY FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION TO TYPE USE GROUP BASEMENT WALLS OR FOUNDATION (TYPE)

REMARKS:

ESTIMATED COST $ 1500.00 PERMIT FEE $ 81.86

AREA OR VOLUME (CUBIC/SQUARE FEET) BUILDING DEPT. BY Robert L. Yates

OWNER John Green
ADDRESS P O Box 422 Landing, N.J. 07850

FORM NO. BOCA-BP 1969

BOROUGH OF HOPATCONG
BUILDING DEPARTMENT

RIVER STYX ROAD, HOPATCONG, N.J. 078431599
Tel: (201) 770-1200

PERMIT # 2297

THIS SECTION TO BE COMPLETED BY APPLICANT — DATE:

City, Town or Township: HOPATCONG — County: SUSSEX — State: NEW JERSEY
Street Location: No. 7 — Street: RUSSELL RD. — Bk. 10402 — Lot 9+13 — Pole No.
(If located in Rural Area-please attach directions)
Owner: JOHN + DEBORAH GREEN
Occupied As: RESIDENCE — Owner's P.O. Address: P.O. Box 422 LANDING, N.J. 07850
Occupant: OWNER — Building – New ☒ Old ☐
Phone #: 201-398-6346

App. for – Rough Wiring ☐ Fixtures ☐ or Ready for Inspection 19

LIST ALL EQUIPMENT AND WIRING

Number of Rough Wiring Outlets	Elect. Heat 500 750 1000 1250 1500 1750 2000 2250 2500 2750 3000		K.W. Dishwasher
2 Switches	20 Amp. Service Equipment	H.P. Air Conditioner	K.W. Dryer
3 Lighting	Amp. Service Conductors	Burner, Wiring & Controls for	Amp. Receptacle
1 Receptacles	Amp. Sub Panel	H.P. Pump	Frac. H.P. Vent Fans
Number of Fixtures	K.W. Range	K.W. Oven	Smoke Detectors
3	K.W. Water Heater	K.W. Surface Unit	

MOTORS H.P. Mark Number of Each Size: 1/20 1/12 1/10 1/8 1/6 1/4 1/3 1/2 3/4 1 1½ 2 3 5 7½ 10 15 20 25 30 40 50 75 100

Applicant's Signature: Deborah Green — License # — Permit #
T/A — Name of Utility
Applicant's Address — Utility Office to be Notified
& Phone No.
City — State — Zip Code

SPACE BELOW FOR AGENCY'S USE ONLY — DATE RECEIVED

6 ~~Rough Wiring~~ Outlets	K.W. Range	K.W. Dishwasher
2 Switches	K.W. Water Heater	K.W. Dryer
3 Fixtures	H.P. Air Conditioner	Amp. Receptacle
1 Receptacles	Burner, Wiring & Controls for	Frac. H.P. Vent Fans
Amp. Service Equipment	H.P. Pump	Smoke Detectors
Amp. Service Conductors	K.W. Oven	
Amp. Sub Panel	K.W. Surface Unit	

MOTORS H.P. Mark Number of Each Size: 1/20 1/12 1/10 1/8 1/6 1/4 1/3 1/2 3/4 1 1½ 2 3 5 7½ 10 15 20 25 30 40 50 75 100

Elect. Heat: 500 750 1000 1250 1500 1750 2000 2250 2500 2750 3000

APPARATUS

MISC. INFO.	DATE INSPECTED	INSPECTOR	FEE PAID
	☐ Progress O.T.C.		INSP. FEE 30.00
	☐ Progress		TOWN FEE 5.00
	☐ Progress		TOTAL 35.00
	☐ Progress		
	☐ Defective		
	☐ Temporary Issued		
	☒ Final Approval 11/24/95	TJC	AGENCY FEE

(Temp.) ☐ Date (Final) ☐ Date — Town Card Date — T. Collins Inspector's Signature
Cut-in Card # — Cut-in Card # —

White Copy: INSPECTOR — Yellow Copy: OFFICE — Pink Copy: APPLICANT

10402/9

Fredericks Press, Stanhope, N.J.

BOROUGH OF HOPATCONG
BUILDING DEPARTMENT

RIVER STYX ROAD
HOPATCONG, N.J. 07843 – 1599
TEL: (201) 770-1200

C. of O. ISSUED 1/19/83 5/12/83

Back door excluded 10402/13

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

NO. 2297

IMPORTANT – Applicant to complete all items in sections: I, II, III, IV, and IX.

ZONING DISTRICT

I. LOCATION OF BUILDING

AT (LOCATION) 7 (NO.) Russell Rd (STREET) AND FRANCIS (CROSS STREET)

BETWEEN David (CROSS STREET)

LOT 9 BLOCK 10402 LOT SIZE 123 x 146 IRR.

SUBDIVISION

STREET

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 ☐ New building
2 ☒ Addition *(If residential, enter number of new housing units added, if any, in Part D, 13)*
3 ☐ Alteration *(See 2 above)*
4 ☐ Repair, replacement
5 ☐ Wrecking *(If multifamily residential, enter number of units in building in Part D, 13)*
6 ☐ Moving (relocation)
7 ☐ Foundation only

B. OWNERSHIP

8 ☒ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential
12 ☐ One family
13 ☐ Two or more family – *Enter number of units* →
14 ☐ Transient hotel, motel, or dormitory – *Enter number of units* →
15 ☒ Garage
16 ☐ Carport
17 ☐ Other – *Specify*

Nonresidential
18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other – *Specify*

C. COST

	(Omit cents)
10. Cost of improvement	$ 1500.00
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 1500.00

Nonresidential – Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 ☒ Masonry (wall bearing)
31 ☐ Wood frame
32 ☐ Structural steel
33 ☐ Reinforced concrete
34 ☐ Other – *Specify*

G. TYPE OF SEWAGE DISPOSAL

40 ☐ Public or private company
41 ☒ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 ☐ Public or private company
43 ☒ Private (well, ~~cistern~~)

F. PRINCIPAL TYPE OF HEATING FUEL

35 ☐ Gas
36 ☐ Oil
37 ☐ Electricity
38 ☐ Coal
39 ☐ Other – *Specify*

I. TYPE OF MECHANICAL

Will there be central air conditioning?
44 ☐ Yes 45 ☒ No

Will there be an elevator?
46 ☐ Yes 47 ☒ No

J. DIMENSIONS

48. Number of stories	1
49. Total square feet of floor area, all floors, based on exterior dimensions	1808
50. Total land area, sq. ft.	8920 APP.

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed	1
52. Outdoors	3

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms		2
54. Number of bathrooms	Full	1
	Partial	0

~~OUGH~~ OF HOPATCONG, NEW JERSEY
L: 201-770-1200
pplication for Zoning Permit.

Office Use Only | Date Rec'd 5/12 Time 8 3 | By 2297

6/78

INSTRUCTIONS

1. Please use ball pen or type. Do not use pencil.
2. Please answer all questions. If the answer is "none", state "none".
3. Attach a plot plan or survey map, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc and show their dimensions and distances from all property lines and roads.

ame of Applicant
John & Deborah Green

Name of Owner (if different from applicant)

ddress of Applicant 7 Russell Rd. Hopatcong Heights
P.O. Box 422 Landing, N.J. 07850

Address of Owner (if different)

ercent of Lot Coverage Max?

hat is the present use of the principal building?
Home

hat is the proposed use of the principal building?
Same

hat are the present uses of any accessory buildings?

Vhat are the proposed uses of any new structures or additions for which a zoning permit is requested?
Single Car Garage

State whether the premises or property has been the subject of any prior application(s) to the Zoning Board of Adjustment or the Planning Board. If none, state none. If so, state the nature of the application, the date, and the action(s) of the Board(s).
None

Phone number of applicant: 398-6346

Street Address of premises: 7 Russell Rd Hopatcong Block #10402 Lot # 9 Zone

I hereby make application for a zoning permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit, which requires a separate application. I certify that the answers to the above questions and any statements or representations made on attachments to this application are true and complete to the best of my knowledge.

Date 5/10/83

John Green + Deborah Green
Signature of Applicant (individual)

Name of Corporation or Association

By: _____

Attest _____
Secretary

DO NOT WRITE IN THIS SPACE

(✓) The use or change is permitted by ordinance. Permit issued - No. _____ Date 5/20/83

( ) Variance application recommended.

10402-9,13

10402/9

Borough of Hopatcong

RIVER STYX ROAD
HOPATCONG, NEW JERSEY 07843-1599
(201) 770-1200

Assessor's Office

July 12, 1983

Mr. Wendell R. Inhoffer, P.E.
Borough Engineer
Borough of Hopatcong

Re: Consolidation of lot 13 with lot 9 block 10402
as per owner's request

Dear Sir,

For 1984 records, lot 13 will be deleted as it is consolidated with lot 9 block 10402 at the request of the owner. Both properties in same name.

Respectfully yours,

BOROUGH OF HOPATCONG

Leo M. Morris, C.T.A.
LMM:es
cc: Robert S. Yates, Bldg Constr Official
Dorothy Valli, Collector of Taxes
Board of Health

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERT. NO. 3326
DATE ISSUED 7 25 84
Block 10402 Lot 9
Subdivision

IDENTIFICATION

Owner John Green
Address 7 Russell Road
Hopatcong, N.J. 07843
Tel. ( ) 398-6346
Work Site Address 7 Russell Road

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Fees Remitted $ 15.00
☒ Check No. 841
☐ Cash
☐ Other

Collected By: RK
Date: 7 12 84

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19_____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

above Ground Pool

USE GROUP _____ FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: $ 650.00

Robert S Yates

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

7/14/84

C. of O. ISSUED 1/21/84

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3326
DATE ISSUED 7/19/84
Block 10402 Lot 9
Subdivision

A. IDENTIFICATION

Owner John Green
Address 7 Russell Road
Hopatcong, N.J. 07843
Tel. ( ) 398-6346
Work Site Address 7 Russell Road

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 30.00
Fees Remitted $ 30.00
☒ Check No. 841
☐ Cash
☐ Other
Collected By: gk
Date: 7/19/84

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

above ground pool

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

Estimated Cost of Work: $ 650.00

Robert S. Yates
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BUILDING SUBCODE TECHNICAL SECTION

7/10/84

PERMIT NO. 5326
DATE ISSUED 7/12/84
REVISION DATE

Block 10402 Lot 9
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner John + Deborah Green
Address 7 Russell Rd
Hopatcong
Tel. (201) 398-6346
Work Site Address Same as above

Contractor Self
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Erect a 24' Above the Ground Pool with a 4' x 20' deck on the Pool

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☑ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
	$10 per 1000	$ 10.00
SUBTOTAL		$ 10.00
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 10.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 650.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

RECEIVED 7/10/84

APPLICATION FOR CERTIFICATE

PERMIT NO. 3376
DATE ISSUED
Block 10402 Lot 9
Subdivision
Notice No.

APPLICATION

OWNER:

Name JOHN + DEBORAH GREEN
Address 7 RUSSELL RD
Town/State/Zip HOPATCONG, N.J. Tel. (___)

CONSTRUCTION LOCATION:

Address

ACTION

☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ CERTIFICATE OF APPROVAL
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 650.00
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Deborah Green
OWNER/AGENT

☐ Owner
☐ Agent

3326

BOROUGH OF HOPATCONG, NEW JERSEY
Tel: 201-770-1200
Application for Zoning Permit

Office Use Only | Date Rec'd 7/10/84 Time | By

INSTRUCTIONS

1. Please use ball pen or type. Do not use pencil.
2. Please answer all questions. If the answer is "none", state "none".
3. Attach a plot plan or survey map, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc and show their dimensions and distances from all property lines and roads.

Name of Applicant	Name of Owner (if different from applicant)
John + Deborah Green	
Address of Applicant 7 Russell Rd. Hopatcong (P.O. Box 422 Landing, N.J 07850)	Address of Owner (if different)

Percent of Lot Coverage Max? ____

What is the present use of the principal building?

What is the proposed use of the principal building?

What are the present uses of any accessory buildings?

What are the proposed uses of any accessory buildings?

What are the proposed uses of any new structures or additions for which a zoning permit is requested?

Swimming Pool (Above Ground)

State whether the premises or property has been the subject of any prior application(s) to the Zoning Board of Adjustment or the Planning Board. If none, state none. If so, state the nature of the application, the date, and the action(s) of the Board(s).

None

Phone number of applicant: 398-6346

Street Address of premises: 7 Russell Rd Block # 1402 Lot # 9 Zone

I hereby make application for a zoning permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit, which requires a separate application. I certify that the answers to the above questions and any statements or representations made on attachments to this application are true and complete to the best of my knowledge.

Date 7-9-84

John Green
Signature of Applicant (individual)

Name of Corporation or Association

Attest _____ *Secretary*

By: _____

DO NOT WRITE IN THIS SPACE

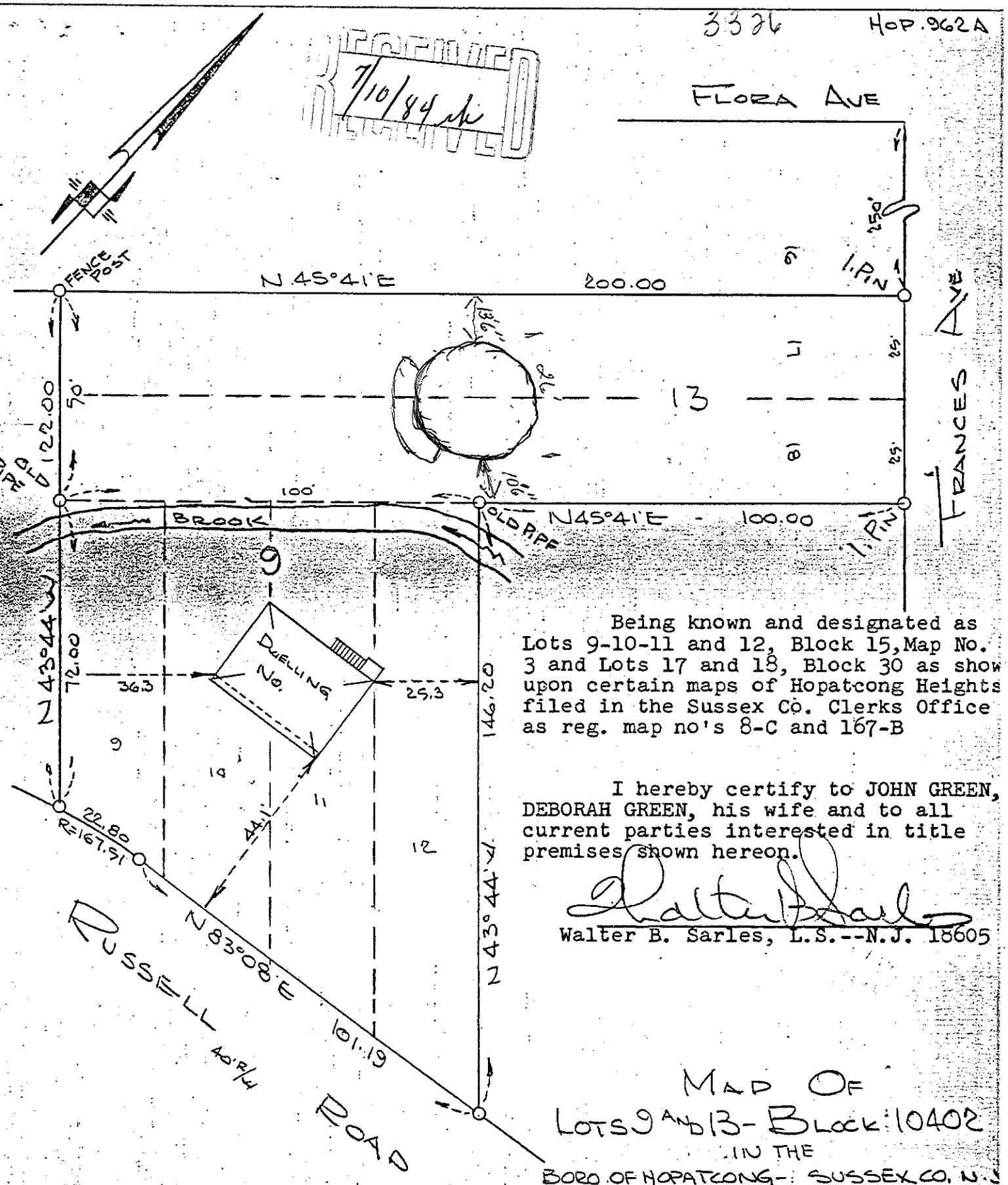
(✓) The use or change is permitted by ordinance. Permit issued - No. _____ Date 7/10/84

( ) Variance application recommended.

Robert S. Yates
ROBERT S. YATES - CONSTRUCTION OFFICIAL

3326 HOP. 962A

RECEIVED 7/10/84 sk



Being known and designated as Lots 9-10-11 and 12, Block 15, Map No. 3 and Lots 17 and 18, Block 30 as show upon certain maps of Hopatcong Heights filed in the Sussex Co. Clerks Office as reg. map no's 8-C and 167-B

I hereby certify to JOHN GREEN, DEBORAH GREEN, his wife and to all current parties interested in title premises shown hereon.

Walter B. Sarles, L.S.--N.J. 18605

MAP OF LOTS 9 AND 13 - BLOCK 10402

IN THE

BORO OF HOPATCONG - SUSSEX CO. N.J.

MAY 14, 1982 SCALE 1" = 30'

WALTER B. SARLES L.S.

HOPATCONG, N.J.

HOP. 962A

Issue 9/5/84

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3402
DATE ISSUED 1/21/85
Block 10402 Lot 9
Subdivision

A. IDENTIFICATION

Owner John Green
Address 7 Russell Road
Hopatcong, N.J. 07843
Tel. ( ) 398- 6346
Work Site Address 7 Russell Road

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 40.00
Fees Remitted $ 40.00
☑ Check No. 983
☐ Cash
☐ Other
Collected By: RG
Date: 1/21/85

is hereby granted permission
to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☒ OTHER Zoning

Description of work:

Portable Storage Shed

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

Estimated Cost of Work: $ ----

Robert L. Yates
CONSTRUCTION OFFICIAL

Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

1/21/85

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3163
DATE ISSUED 1/21/85
REVISION DATE
Block 1040V Lot 9
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner John Green
Address 7 Russell Rd. Hopatcong
Tel. (201) 398-6346
Work Site Address Same

Contractor Self
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Build portable Storage Shed
2x6 floor beams with 5/8 Sheathing
2x3 Studs, ceiling, & roof rafters
With 3/8 Sheathing
Side walls are 4x8 Panels
fastened together

☑ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other Storage Shed

	Fee Basis	Fee
		$
	1/0 —	10.00
SUBTOTAL		$ 10.00
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 10.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1
Height of Structure 9 ft 8 in
Area—Largest Floor 80 Sq. Ft.
Estimated Cost of Building Work: $ None

Total Building Area—All Floors 80 Sq. Ft.
Volume of Structure 512 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

3863

BOROUGH OF HOPATCONG, NEW JERSEY
Tel: 201-770-1200

Office Use Only — 1/7/85 Date Rec'd — Time — By

Application for Zoning Permit

INSTRUCTIONS

1. Please use ball pen or type. Do not use pencil.
2. Please answer all questions. If the answer is "none", state "none".
3. Attach a plot plan or survey map, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc and show their dimensions and distances from all property lines and roads.

Name of Applicant	Name of Owner (if different from applicant)
John Green	Same
Address of Applicant 7 Russell Rd Hopatcong N.J. (P.O. Box 422 Landing, N.J. 07850)	Address of Owner (if different) Same

Percent of Lot Coverage Max?

What is the present use of the principal building?
Home

What is the proposed use of the principal building?

What are the present uses of any accessory buildings?
Storage

What are the proposed uses of any accessory buildings?

What are the proposed uses of any new structures or additions for which a zoning permit is requested?
Storage

State whether the premises or property has been the subject of any prior application(s) to the Zoning Board of Adjustment or the Planning Board. If none, state none. If so, state the nature of the application, the date, and the action(s) of the Board(s).

Phone number of applicant: 201-398-6346

Street Address of premises: 7 Russell Rd. Block #1407 Lot # 9 Zone

I hereby make application for a zoning permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit, which requires a separate application. I certify that the answers to the above questions and any statements or representations made on attachments to this application are true and complete to the best of my knowledge.

Date 1-18-85

John Green
Signature of Applicant (individual)

Name of Corporation or Association

Attest _____ *Secretary*

By: _____

DO NOT WRITE IN THIS SPACE

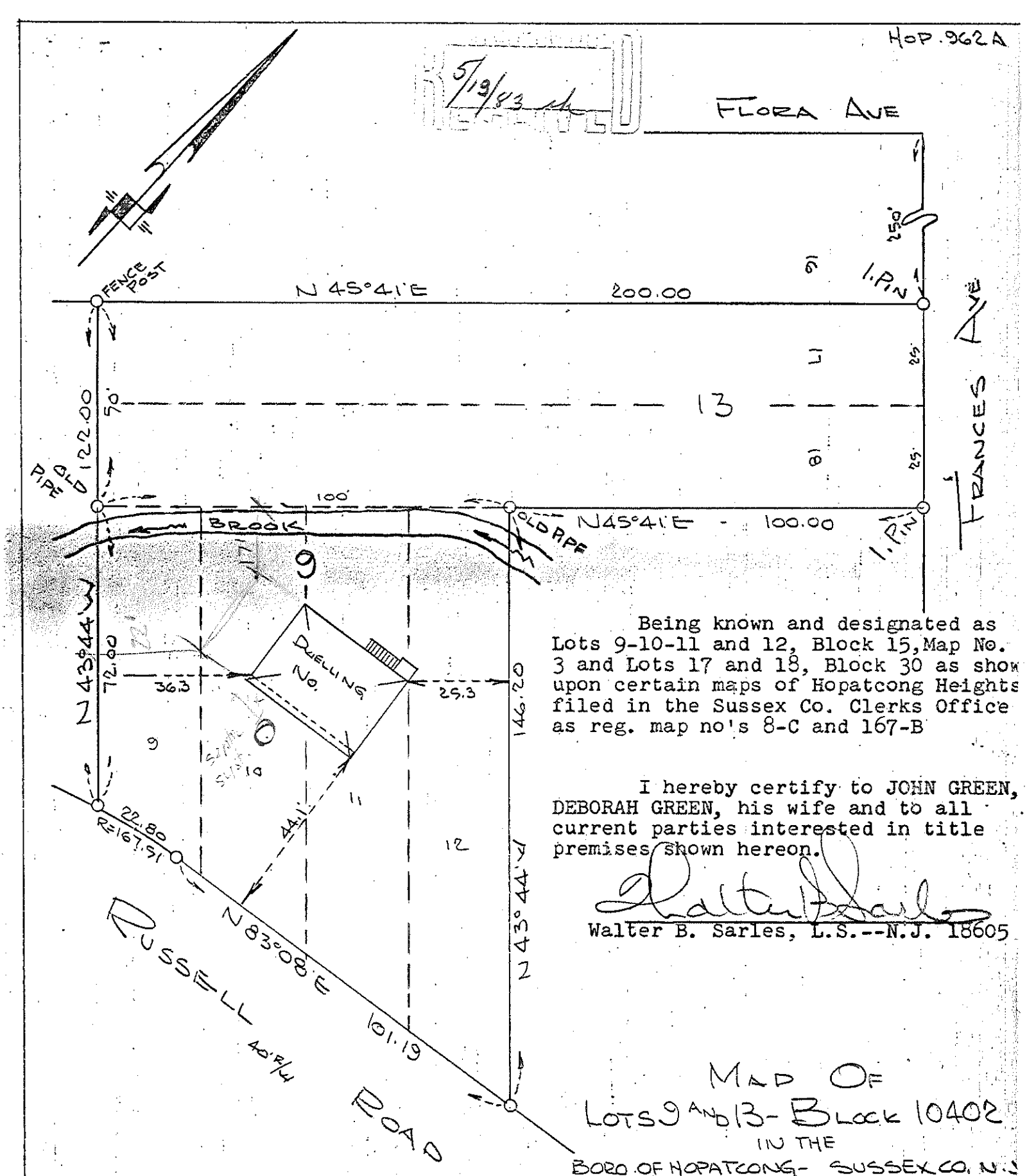
(✓) The use or change is permitted by ordinance. Permit issued - No. _____ Date 1/21/85

( ) Variance application recommended.

Robert S. Yates
ROBERT S. YATES - CONSTRUCTION OFFICIAL

HOP.962A

RECEIVED 5/19/83



Being known and designated as Lots 9-10-11 and 12, Block 15, Map No. 3 and Lots 17 and 18, Block 30 as shown upon certain maps of Hopatcong Heights filed in the Sussex Co. Clerks Office as reg. map no's 8-C and 167-B

I hereby certify to JOHN GREEN, DEBORAH GREEN, his wife and to all current parties interested in title premises shown hereon.

Walter B. Sarles, L.S.--N.J. 18605

MAP OF LOTS 9 AND 13 - BLOCK 10402

IN THE

BORO OF HOPATCONG - SUSSEX CO. N.J.

MAY 14, 1982 SCALE 1" = 30'

WALTER B. SARLES L.S.

HOPATCONG, N.J.

HOP.962A

☒ NOTICE OF VIOLATION AND ORDER TO TERMINATE

☒ NOTICE AND ORDER TO PAY PENALTY

PERMIT NO. 3863
DATE ISSUED 1/21/84
Block 10402 Lot 9
Subdivision
Notice No. P-85-003

Certified Mail P32-3491914

IDENTIFICATION

OWNER:
Name John Green
Address P O Box 422
Town/State/Zip Landing, N.J. 07850
Work Site Address 7 Russell Road

AGENT:
Name
Address
Town/State/Zip

ACTION

DATE OF NOTICE: 1 11 85 COMPLIANCE DUE DATE: 1 25 85 DATE OF INSPECTION: 1 10 85

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

You constructed a shed without obtaining the required permits.

Closed

You are hereby ordered to terminate the said violations on or before January 25, 1985. The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☒ Failure to comply with this Order will subject you to a penalty of $ 25.00 per week.

☒ You are hereby ordered to pay a penalty in the amount of $ 25.00 for each violation for a total penalty of $ 25.00. Each week that any of the said violations remain outstanding after 1 25 85 shall result in an additional penalty of $ 50.00 per week.

If you wish to contest the validity of the above action, in accord with N.J.A.C. 5:23-2.35 et. seq., you may request a hearing before the Construction Board of Appeals of the County of of Sussex, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if neccessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 50.00 to be forwarded with your application to the Board of Appeals office at P O Box 68, 39 High Street, Newton, N.J. 07860.

If you have questions concerning this matter, please call: Hopatcong Construction Department 770-1200

NOTICE OF VIOLATION AND ORDER TO TERMINATE: David C Moore SCO DATE: 1/10/85

NOTICE AND ORDER OF PENALTY: Robert A Yates SCO DATE: 1/14/85

☑ NOTICE OF VIOLATION AND ORDER TO TERMINATE
☑ NOTICE AND ORDER TO PAY PENALTY

PERMIT NO. _____
DATE ISSUED _____
Block 10402 Lot 9
Subdivision _____
Notice No. P85-008

IDENTIFICATION

OWNER:
Name John Green
Address P.O. Box 422
Town/State/Zip Landing, NJ 07850
Work Site Address 7 Russell Rd Hopatcong

AGENT:
Name _____
Address _____
Town/State/Zip _____

ACTION

DATE OF NOTICE: _____ COMPLIANCE DUE DATE: 10 days DATE OF INSPECTION: 1/10/85

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder (N.J.A.C. 5:23-2.30 and 2.31) in that:

you constructed a shed w/o obtaining the required permits

closed

You are hereby ordered to terminate the said violations on or before 10 days.
The owner and agent/contractor bear joint responsibility for bringing about compliance. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

☑ Failure to comply with this Order will subject you to a penalty of $ 25.00 per wk.

☑ You are hereby ordered to pay a penalty in the amount of $ 25.00 for each violation for a total penalty of $ 25.00. Each wk that any of the said violations remain outstanding after 10 days shall result in an additional penalty of $ 50.00 per wk.

If you wish to contest the validity of the above action, in accord with N.J.A.C. 5:23-2.35 et. seq., you may request a hearing before the Construction Board of Appeals of the County of of Sussex, within 20 business days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if neccessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $ 50.00 to be forwarded with your application to the Board of Appeals office at P O Box 68, 39 High Street, Newton, N.J. 07860.

If you have questions concerning this matter, please call: Hopatcong Construction Department 770-1200

NOTICE OF VIOLATION AND ORDER TO TERMINATE: X _____ DATE: _____
SCO

NOTICE AND ORDER OF PENALTY: X _____ DATE: _____
CO

C.C. Form F-210 (8/83)

June 27/91

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 7825
DATE ISSUED 4/2/88
Block 10402 Lot 9
Subdivision

A. IDENTIFICATION

Owner D. Green
Address Box 422
Landing, N.J. 07850
Tel. ( ) 398-6346
Work Site Address 7 Russell Road

Agent
Address
Tel. ( )
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 55.00
Fees Remitted $ 55
Check No. 7291
Cash
Other
Collected By: EO
Date: 4/2/88

is hereby granted permission to perform the following work:

- [xx] BUILDING
- [ ] ELECTRICAL
- [ ] PLUMBING
- [ ] FIRE PROTECTION
- [ ] OTHER

Description of work:

Siding and replacement of 7 thermal windows

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

Estimated Cost of Work: $ 1900.00

Robert S. Yates
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

RECEIVED
APR 12 1988
ORO OF HOPATC

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 7875/89
DATE ISSUED 4/27/89
REVISION DATE /
Block 10402 Lot #9
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner DEBORAH + JOHN GREEN
Address P.O BOX 422
LANDING NJ 07850
Tel. (201) 398 6346
Work Site Address 7 RUSSELL RD
HOPATCONG HTS.

Contractor SELF.
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

8 SQUARE of SIDING. (VINYL)

THERMAL
REPLACEMENT (7 WINDOWS)

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☒ Siding
  - ☒ Other REPLACE WINDOWS
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
Base Fee		$ 45.00
Other	$10 / item	10.00
SUBTOTAL		$ 55.00
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 55.00

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present R-3 Proposed

No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Building Area—All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Estimated Cost of Building Work: $ 1,900.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

CERTIFICATE

Date Issued 6/10/96
Control #
Permit # 14868 - 6 22 95

IDENTIFICATION

Block 10402 Lot 9
Work Site Location 7 Russell Road

Owner in Fee J. Green
Address 7 Russell Road
Hopatcong, N.J. 07843
Tele. (___) 398-6346
Contractor Johnson Environmental
Address 265 Rt 64 W P O Box 1280
Dover, N.J. 07801
Tele. (___) 366-8822
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3205808
or Social Security No.

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

removal 275 gallon tank in basement
install 275 gallon tank in same place

☐ **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.

XXXXX☐ **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.

☐ **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/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

Fee $ 40.00
Paid [x] Check No. 8018
Collected by: ef

David C Thoon (Acting)
CONSTRUCTION OFFICIAL

U.C.C. Form F-260B

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

6/9/95 Ang

10402-9

JUN 1 4 1995

BOARD OF HOPATCONG CONSTRUCTION DEPT.

6/10/96

BUILDING SUBCODE TECHNICAL SECTION

Date Issued 6/22/95
Control #
Permit # 14868

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

Block 10402 Lot 9
Work Site Location 7 Russell Rd.

Owner in Fee John Green
Address 7 Russell Rd.
Hopatcong, NJ. 07843
Tele. (201) 398 6346
Contractor Johnson Environmental
Address 265 Route 46 W, P.O. Box 1280
Dover, NJ.
Tele. (201) 366-8622
Lic. No. or Bldrs. Reg. No.
Federal Emp. No 22-32-05808 or Social Security No.

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 Christa J. Julio

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Removal of a 275 in Basement.
Install 275 in same Place.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	6/14/95	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [✓] CA		
Date: May 3 1996		
Approved By:		

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other Tank closed			7/5/95	
Final			5/2/96	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other Instl. tank
[ ] Other
[✓] Demolition

(Office Use Only)
FEE

	$
	Min Fee
	50.00

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 925-
3. Total (1+2) $ _____

Paid [✓] Check # 8018
Collected by: BK

Administrative Surcharge	$
Minimum Fee	$ 33.00
DCA TRAINING FEE	$ 1.00
TOTAL FEE	$ 84.00

U.C.C. Form F-110B

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 6/22/95
Control #
Permit # 14868

IDENTIFICATION Block 10409 Lot 9

Work Site Location 7 Russell Rd

Owner in Fee John Green
Address 7 Russell Road
Hopatcong, N.J. 07843
Tele. (___) 398-6346

Contractor Johnson Environmental
Address 265 rt 46 W
Dover, N.J. 07801
Tele. (___) 366-8622
Lic. No. or Bldrs. Reg. No. ___ Exp. Date ___
Federal Emp. No. 22-3205808
or Social Security No. ___

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ___
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Remove 1-275 gal tank in basement

Disposition receipts required

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

Estimated Cost of Work $ ___

PAYMENTS (Office Use Only)	
Building	50.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	20.00
Other	
Total	70.00
Check No.	8018
Cash	
Collected By:	BC

David C Moore
Acting CONSTRUCTION OFFICIAL

(see reverse side)

U.C.C. Form F-170C

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

CONSTRUCTION PERMIT

Date Issued 6/22/95
Control #
Permit # 14868

IDENTIFICATION Block 10409 Lot 9

Work Site Location 7 Russell Rd

Owner in Fee J. Green
Address 7 Russell Rd
Hopatcong, N.J. 07843
Tele. ( ) 398-6346

Contractor Johnson Environmental
Address 265 Rt 46 W.
Dover, N.J. 07801
Tele. ( ) 366-8622
Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____
Federal Emp. No. 22-3205808
or Social Security No. ____

is hereby granted permission to perform the following work:

[xx] BUILDING [ ] PLUMBING [ ] OTHER ____
[ ] ELECTRICAL [xx] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Install 1- 275 gal tank in basement

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

Estimated Cost of Work $ 925.00

Daniel C. Moore
Acting
CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	33.00
Electrical	
Plumbing	
Fire Protection	50.00
Elevator Devices	
Other	
DCA Training Fee	1.00
Cert. of Occ.	20.00
Other	
Total	104.00
Check No.	8018
Cash	
Collected By:	BK

(see reverse side)

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

BUILDING SUBCODE
TECHNICAL SECTION

Date Issued
Control #
Permit # 14868

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

Block ____ Lot ____

Work Site Location ____

Owner in Fee ____

Address ____

Tele. ( ) ____

Contractor ____

Address ____

Tele. ( ) ____

Lic. No. or Bldrs. Reg. No. ____

Federal Emp. No. ____ or Social Security No. ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
				Dates (Month/Day)			
[X] No Plans Req.			Type:				
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

Constr. Class Present ____ Proposed ____

No. of Stories ____

Height of Structure ____ Ft.

Area—Largest Floor ____ Sq. Ft.

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

Volume of New Structure ____ Cu. Ft.

Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ ____
2. Alteration $ ____
3. Total (1+2) $ ____

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other ____
[ ] Other ____
[ ] Demolition

(Office Use Only)
FEE
$ ____

Paid [✓] Check # 8018
Collected by: ____

Administrative Surcharge $ ____
Minimum Fee $ ____
DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-110B

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

JUN 1 4 1995

BORO OF HOPATCONG
CONSTRUCTION DEPT.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6/12/95
Date Issued
Control #
Permit # 14868

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

Block 10402 Lot 9
Work Site Location 7 Russell Rd.

Owner in Fee Jon Green
Address 7 Russell Rd
@ Hopatcong, NJ 07843
Tele. (201) 398-6346
Contractor Johnson Environmental Services
Address 265 Route 46 WEST, P.O. Box 1280
Dover, N.J. 07802-1280
Tele. (201) 366-8622
Lic. No.
Federal Emp. No. 22-32-05808 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 925.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 6/16/95
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CEO [ ] CA
Date: 6/19/95
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

Christopher J. Dulio
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Removal of 275 From Basement Installing 275 IN Basement

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	275	Fuel #2
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_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER OIL TANK	1	50

Paid [ ] Check # 8018
Collected by: BK

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. Form F-140B

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

JUN 14 1995
BORO OF HOPATCONG
CONSTRUCTION DEPT.

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 10402 Lot 9
Work Site Location 7 Russell Rd.

Owner in Fee John Green
Address 7 Russell Rd. Hopatcong NJ 07843
Tele. (201) 398-6346

Contractor Johnson Environmental
Address 405 Route 46 W, P.O Box 1280 Dover, NJ 07801
Tele. (201) 366-8622
Lic. No.
Federal Emp. No. 22-32-05808
or Social Security No.

ACTION

☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 925.00
(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Removal of 275 from Basement & Installing 275 In Same Place

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: Christa L. Dalco
☐ Owner
☒ Agent
OWNER/AGENT

U.C.C. Form F-270A

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 05/28/14
Control #
Permit # 04-670

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 10402 Lot 9 Qual
Work Site Location 7 RUSSELL RD
SEWER CONNECTION
Owner in Fee/Occupant GREEN J
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 713-8093
Contractor PETER O. BRYN
Address POB 207
BUDD LAKE, NJ 07828-
Telephone (973)691-1744 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-5504117

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

SEWER CONNECTION

[ ] 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:

[ ] 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 _____, ____.

Fee $ 0
Paid [X] Check No. 2301
Collected by: SJH

William O'Connor
Construction Official

U.C.C. F260 (rev. 3/96)

RECEIVED

JUL 2 0 2004

BORO OF HOPATCONG
CONSTRUCTION OFFICE

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/21/04
Date Issued
Control #
Permit # 04-670

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

Block 10407 Lot 9
Work Site Location 7 Russel Rd Hopt
Owner in Fee John Green
Address 7 Russel Rd Hopt
Tele. (973) 713-8093
Contractor ~~Peter Bryn General Contractor~~
Address Post Office Box 207
Budd Lake, New Jersey 07828
Tele. (973) 691-1744 Fax ( ) _____
Lic. No. _____
Federal Emp. No. 135.504.117

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 1200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[4] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 7/20/04
Approved by: w.d'c

SUBCODE APPROVAL
[ ] CO [ ] CCO [4] CA
Date: 10/7/04
Approved by: w.d'c

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer			10/5/04	w.d'c
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

TANK Pumped And Filled - 10/5/04
Leaching? - Field - 10/7/04

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

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
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
✓	Sewer Connection
	Water Service Connection
	Stacks
	Other
	Other
	Other

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $ 65

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

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

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 7/21/04
Control # C10402/9
Permit # 04-670

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 10402 Lot 9 Qual

Work Site Location 7 RUSSELL RD
SEWER CONNECTION
Owner in Fee GREEN J
Address SAME
HOPATCONG, NJ 07843-
Telephone (973)713-8093

Contractor PETER O. BRYN
Address POB 207
BUDD LAKE, NJ 07828-
Telephone (973)691-1744
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-5504117

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SEWER CONNECTION

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	65
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	67
Check No.	#231
Cash	
Collected By	SP

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

Estimated Cost of Work $ 1,200

William O'Connor SP
Construction Official

7/21/04
Date

U.C.C. PT70 (rev. 3/96) NJ UCCARS 5.24E

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 05/15/17
Control #
Permit # 17-711

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 10402 Lot 9 Qual
Work Site Location 7 RUSSELL RD
REPLACE BOILER
Owner in Fee/Occupant GREEN J
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 713-8093
Contractor BDP PLB & HTG G
Address 150 ROUTE 10 WEST
SUCCASUNNA, NJ 07876-
Telephone (973)584-8485 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 12630
Federal Emp. No. 45-5004372

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE BOILER

[ ] 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:

[ ] 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 _____, ____.

Fee $ 0
Paid [X] Check No. 2091
Collected by: SJT

William O'Connor
Construction Official

U.C.C. F260 (rev. 3/96)

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 8/4/2017
Control # C10402/9
Permit # 17-711

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 10402 Lot 9 Qual

Work Site Location 7 RUSSELL RD
REPLACE BOILER
Owner in Fee GREEN J
Address SAME
HOPATCONG, NJ 07843-
Telephone (973)713-8093

Contractor BDP PLB & HTG G
Address 150 ROUTE 10 WEST
SUCCASUNNA, NJ 07876-
Telephone (973)584-8485
Lic. No. or Bldrs. Reg. No. 12630
Federal Emp. No. 45-5004372

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE BOILER

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	65
Fire Protection	65
Elevator Devices	0
Other	
DCA State Permit Fee	17
Cert. of Occupancy	0
Other	
Total	147
Check No.	2091
Cash	
Collected By	SJT

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

Estimated Cost of Work $ 9,100

William O'Connor
Construction Official

07/18/17
Date

71545

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

PLUMBING SUBCODE
TECHNICAL SECTION

Replacement

Date Received
Control # 84/3647

Date Issued
Permit # 17-711

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

Block 10402 Lot 9 Qualification Code

Work Site Location 7 Russell Road

Owner in Fee: John & Deborah Green

Tel. (973) 713-8093 e-mail

Address 7 Russell Road (street) Landing (municipality), NJ 07850 (zip code)

Contractor: BDP PLUMBING & HEATING INC Tel. (973) 584-8485

Address 150 ROUTE 10 WEST email: biancodiamondplumbing@yahoo.com

SUCCASUNNA, NJ 07876

Contractor License No. 12630 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH06895300

Federal Emp. ID No. 45-5004372 FAX: (973) 584-7421

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 9000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 07/18/17 Approved by: W.O'C
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 07/18/17
Approved by: W.O'C

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9/5/17
Approved by: Jan

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			9/5/17	JWC

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Dominick Bianco

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK EIR replacement. Supply/install Oil Fired Boiler System 2000 EK1

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Oil Fired Boiler	

Administrative Surcharge	$
Minimum Fee	$ 65
State Permit Surcharge Fee	$
TOTAL FEE	$

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Emergency Replacement

Date Received / Control # 8/4/2017

Date Issued / Permit # 17-711

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

Block 10902 Lot 9 Qualification Code

Work Site Location 7 Russell Road

Owner in Fee: John & Deborah Green

Tel. 973 713-8093 e-mail

Address 7 Russell Road Landing, NJ 07850
(street / municipality / zip code)

Contractor: BDP PLUMBING & HEATING INC. Tel. 973 584-8485

Address 150 ROUTE 10 WEST e-mail

SUCCASUNNA, NJ 07876

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH06895300

Federal Emp. ID No. 45-5004372 FAX: 973 584-7421

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 100 —

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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 7/13/17 Approved by: J.O.C
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7/13/17
Approved by: J.O.C

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 9/13/17
Approved by: J.O.C

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9/6/17	J.O.C.
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/Contractor sign here:

Print name clearly: Dominick Bruno

D. TECHNICAL SITE DATA [ ] Certified Contractor [X] Exempt Applicant

DESCRIPTION OF WORK: ER replacement

Water Supply Source St F oil fired boiler

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 (i.e., tampers, low/high air)		
Signaling Devices (i.e., 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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		65
State Permit Surcharge Fee $		
TOTAL FEE $		

To Reorder call:
Allegra Marketing Print & Mail
609-390-1400

U.C.C. F140 (rev. 02/11)

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 7 Russell Rd., Hopatcong

Owner in Fee _____

Verifying Individual GEORGE SOLIMENE Company A1 AFFORDABLE CONSTRUCTION

Address 164 GETTY AVENUE (Street) CLIFTON (City) NJ (State) 07011 (Zip Code)

Tel. (973) 272-1344 Fax: (201) 731-0207

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size _____

- [ ] "S" Label Vent
- [ ] "L" Label Vent
- [ ] Flexible Liner
- [ ] Power Vent/Exhauster
- [ ] Chimney-Interior
- [X] Chimney-Exterior
- [X] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Boiler	Oil / (Gas) / Other _____	194,000
Appliance 2:	_____	Oil / Gas / Other: _____	_____
Appliance 3:	_____	Oil / Gas / Other: _____	_____

CHIMNEY LINER

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

Manufacturer: LIFETIME CHIMNEY SUPPLY Model: 316-LCS635 UL Listing: 1777 MH45379

Material of Liner: Stainless Steel X Aluminum _____

Size of Appliance Vent: 5" Size of Liner 6" SMW Height of Chimney 20'

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____ Signature _____ Date

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

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

_____ Signature _____ Date

Direct Vent Appliance:

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

_____ Signature _____ Date

Verification Not Submitted:

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

_____ Signature _____ Date

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

All applicable information requested on this form must be supplied.
This form may not be submitted by a homeowner in lieu of the required inspection

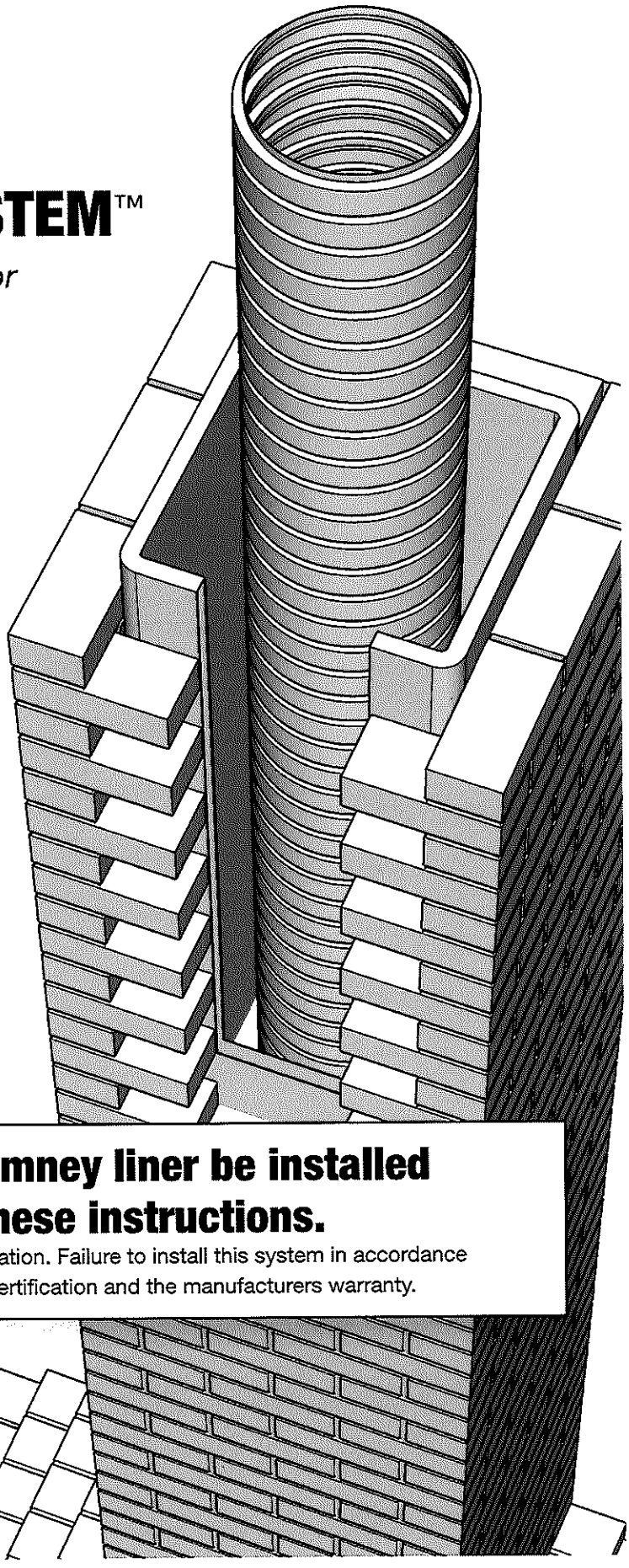
LIFETIME
CHIMNEY SUPPLY

c UL us LISTED

THE LIFETIME LINING SYSTEM™

Installation and maintenance instructions for smooth and single wall chimney lining kits.

We recommend you use an experienced and qualified chimney professional to install your Lifetime Lining System.



The Lifetime Lining System from Lifetime Chimney Supply is intended for use as a masonry chimney liner only. The Lifetime Lining System has been tested and approved to UL1777 zero-clearance standards* for masonry chimneys serving gas, oil or wood-burning appliances.

All warranties, stated or implied, are void if this product is not properly installed in accordance with the instructions contained in this brochure and in accordance with local requirements. The listing for The Lifetime Lining System is void if components other than those supplied as listed components by this manufacturer are used.

*Tested and approved by UL - Approval Code 3HXH

It is important that this chimney liner be installed in accordance with these instructions.

Please read all instructions before beginning your installation. Failure to install this system in accordance with these instructions will void the conditions of certification and the manufacturers warranty.

Lifetime Chimney Supply, LLC.
132 Dupont Street, Plainview NY 11803
www.LifetimeChimneySupply.com

THE LIFETIME LINING SYSTEM™

Smooth wall and single wall chimney lining kit

Available in 3", 4", 5", 5½" and 6" in sections from 10' to 100'

The Lifetime Lining System is intended for use with heating appliances vented through a masonry chimney that burn home heating oil, natural or LP gas and solid fuels (pellet, wood and coal). Use of experimental fuels voids the warranty. This lining system is not for use with Category II, III, or IV gas burning appliances as defined by the National Fuel Gas Code, NFPA 54, or other appliances that create positive pressures in the chimney system or that cause condensation of corrosive acids on the liner of the chimney.

The Lifetime Lining System is intended for use in an unlined chimney with at least a nominal 4" of masonry all around, a properly built masonry chimney with cracked clay tile liners, or to provide a properly sized flue for a heating appliance installed in a masonry chimney that otherwise meets existing codes. The Lifetime Lining System may be used to reline a fireplace chimney. The liner must be connected to the top of the smoke chamber by a bottom plate or other means that provides an air-tight and drip-free termination.

PARTS LIST

The Lifetime Lining System Includes:

1 Stainless Steel Liner	1 Stainless Steel Single Wall Liner	1 Stainless Steel Tee Cap
1 Stainless Steel Tee	1 304 Series Stainless Steel Rain Cap	1 Stainless Steel Top Plate

INSTALLATION INSTRUCTIONS

- If chimney requires field drilling, use a 1/4" stainless steel drill bit to drill through the inner section of the chimney liner section.
- Wall penetration assemblies are not to be located directly behind a heating appliance.

The following criteria shall apply to a connector to a masonry chimney:

- It shall extend through the wall to the inner face or liner but not beyond.
- It shall be firmly cemented to masonry.
- If a thimble is used to facilitate removal of the chimney connector for cleaning, the thimble shall be permanently cemented in place with high-temperature cement.
- The effective area of a connector for a single appliance shall not be less than the area of the appliance flue collar, unless it is part of an engineered venting system.

Sizing:

- Size the liner according to equipment manufacturer's instructions and/or local building codes. The chimney liner must be sized *not less* than that specified in the appliance manufacturer's instructions.

Local approval:

- Contact local fire or building officials about restrictions and installation inspection in your area.

Cleaning existing chimney:

- The chimney must be clean and free of debris.
- All soot dirt and creosote including tar and glaze creosote must be removed prior to installation.
- Proper cleaning of the chimney is a warranty prerequisite.
- The internal and external condition of the chimney must be checked for safety and repaired as necessary.
- The chimney must terminate above the roof line as per NFPA-211.
- Run a guide cone up and down the chimney to clear any obstructions and to ascertain that the liner diameter will pass through the chimney's flue opening.

Choosing the correct type of stainless steel:

- Type 304/316 (or 304L/316L), 430 and 446 stainless can be used for wood, oil and low efficiency gas appliances. Type 304/316 can also be used as a fireplace liner. The high efficiency gas furnaces require another type of venting system. Refer to the manufacturer's installation instructions before connecting a liner to a gas appliance.

Connection to UL listed direct connect system:

- The liner system may be connected with a UL listed direct connect system which is installed in accordance with the manufacturer's instructions. You must use a stainless steel pipe connector or stainless steel transition or slip connector to make the connection. The liner must also be sized (cross sectional area) the same as the direct connect system.

Liner installation:

- Inspect the chimney for cracked, loose or missing bricks or stones. Check for missing mortar joints. The chimney must be a minimum of 4" thick throughout. No chimney should be relined that is not structurally sound. Also inspect the air space clearances between the exterior of the masonry chimney and any combustibles. These clearances must be in accordance with current NFPA 211 standards or the local building codes. Check the height of the chimney to be certain it conforms to the recognized regulations.
- This installation must include the rain cap, a protective covering or housing for the top of the chimney intended to prevent the entry of rain, snow, animals and birds, and to prevent down drafts.
- Initial installation of chimneys, fireplaces and vents shall allow inspection of the surroundings to determine that the required clearances have been maintained and that correct provisions for support, stabilization, future inspection and maintenance are in place.

Minimum air space clearance:

  - Residential: 1" (25mm)
  - Low-Heat: 2" (51mm)
  - Medium-Heat: 4" (102mm)

- All wood beams, joists, studs and other combustible material shall have a clearance to masonry fireplaces as follows:
  - Not less than 2" (51mm) from the front faces and sides.
  - Not less than 4" (102mm) from the back faces of masonry fireplaces
- Remove a sufficient amount of brick and mortar to allow access for the installation of the tee's snout at the base of the chimney where the heating appliance vent connector attaches to the tee of the lining system.
- Separate the tee from its snout.
- Attach the tee to the liner with the fasteners provided.

Continued on next page...

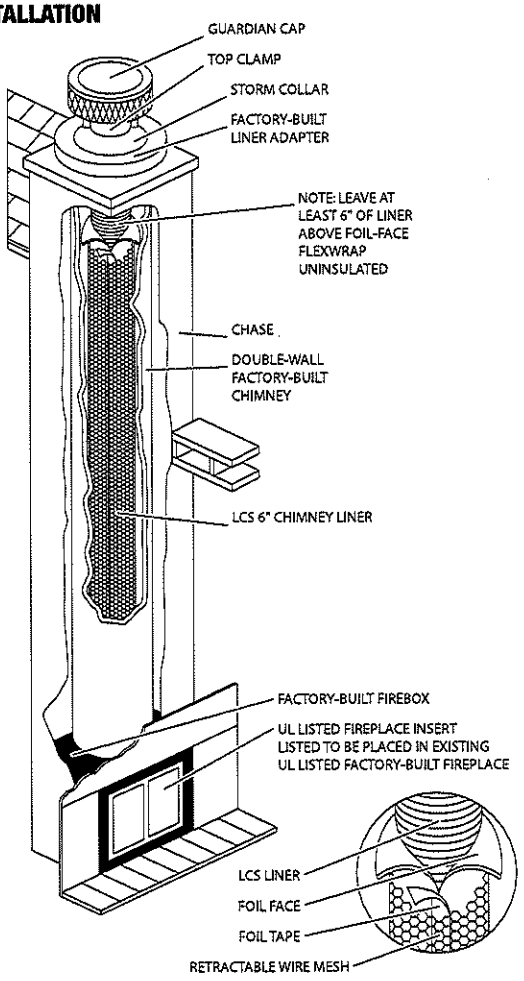
INSTALLATION INSTRUCTIONS CONTINUED

- Drop or pull the liner with the attached tee, without the snout, through the chimney until the tee rests in the base of the chimney where the brick and mortar were previously removed.
- Attach the snout and place the end-cap on the bottom of the tee with the fasteners provided.
- Attach the pipe connecting the heating appliance to the tee's snout.
- Seal the area around the tee where the brick and mortar were removed with a furnace cement product.
- Using a high-temperature silicone product, seal the joints where the snout of the tee connects to the pipes from the heating appliance.
- Connect the heating appliance vent connector to the Lifetime Lining Tee System as per local code and appliance manufacturer's written instructions.
- Slide the top plate over the liner and place on the clay tile and center.
- Mark the outline of the clay tile on the underside of the top plate.
- Remove and trim the top plate to the size marked. Trim the liner so that 4" of liner extends above the top of the clay tile.
- Apply a wide bead of high-temperature silicone around the top surface of the clay tile.
- Place the top plate over the liner and slide down onto the silicone.
- Hold in place firmly to create a good seal.
- Screw the four fasteners provided through the 2" collar of the top plate and into the liner.
- Do not over-tighten the fasteners.
- Apply a bead of high-temperature silicone to the inside of the top section of liner and to the lower section of the rain cap.
- Place the rain cap into the top section of the liner and push down until the stop bead of the rain cap meets the liner.
- Remove excess silicone.
- Two pieces of Lifetime smooth wall chimney liner may be joined together with the proper connector and fasteners from Lifetime Chimney Supply.
- The joints must be sealed with high-temperature silicone.
- If additional oil or gas appliances need to be connected to the Lifetime smooth wall or single wall chimney liner the following methods are acceptable and will not void the warranty:
  - Use a second tee with the correct size takeoff. Install the tee onto the Lifetime smooth wall or single wall chimney liner then connect the appliance tee to it using tex screws or rivets.
  - Install the snouts of both tees as stated in the instructions above.
  - Remove the cut-out portion of the liner.
  - Attach the liner to the appliance using the tee snout.
  - Feed the draw band around the liner and into the turn buckle and tighten.
  - Apply a bead of high-temperature RTV silicone between the tee and the liner.
  - Seal the area around the liner and the snout as instructed above.

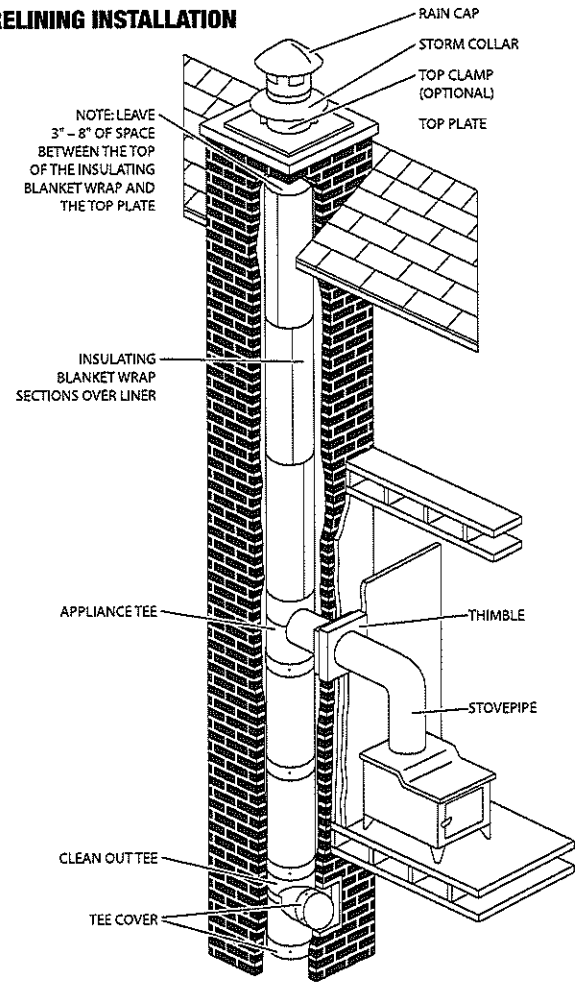
Initial firing:

- Before the initial firing of the appliance, check the appliance's operating instructions for initial firing precautions.

TYPICAL FACTORY-BUILT FIREPLACE RELINING INSTALLATION



TYPICAL WOOD STOVE RELINING INSTALLATION



THE LIFETIME LINING SYSTEM™ WARRANTY

Lifetime Chimney Supply, LLC. guarantees the Lifetime Lining System stainless steel chimney liner and components are free from manufacturer's material and workmanship defects, corrosion or perforation caused by chimney fires. Lifetime warranty for wood, wood pellets, gas and oil installations when used to vent residential UL listed heating appliances that are Category I residential gas or oil burning heating and hot water systems including gas fireplaces, gas logs, oil stoves, wood-burning stoves and fireplaces. Lifetime Chimney Supply, LLC. guarantees the original purchaser for the lifetime of the product as long as said purchaser owns the home in which the Lifetime Lining System stainless steel chimney liner was originally installed. This warranty is subject to the following conditions:

- Lifetime Lining System stainless steel chimney liner and components must be installed by a certified solid fuel professional and in accordance with these written instructions.
- Lifetime Lining System stainless steel chimney liner and components are intended for use in lining and relining masonry chimneys that vent a tested and approved or listed residential appliance for which Lifetime Lining System stainless steel chimney liner and components are intended.
- Annual inspections, maintenance and cleaning must begin one year after the date of the installation and continue once every twelve months thereafter by a certified chimney sweep or a qualified solid fuel professional.
- The chimney must have a Lifetime Chimney Supply chimney cap.
- Corrosive chemical chimney cleaners must not be used and their use will void the warranty.
- Driftwood or wood pellets containing salt, treated lumber, plastics, the chimney sweeping log or trash must not be burned and doing so will void the warranty.
- The maintenance record must be up-to-date.
- Never use a metal chimney cleaning brush. We strongly recommend the use of a plastic bristle chimney cleaning brush as metal brushes can damage the liner and will void the warranty.

In case of a chimney fire the liner must be inspected and cleaned by a certified chimney sweep or a qualified solid fuel professional before reuse. If you should need to make a claim under the conditions of this warranty, you must contact the original installer who will provide Lifetime Chimney Supply, LLC. with information about your claim. Should a factory inspection of the defective parts in question be required by Lifetime Chimney Supply, Lifetime Chimney Supply will pay the shipping cost for the return of the defective parts in question. If Lifetime Chimney Supply deems the parts to be defective, Lifetime Chimney Supply will replace the parts at no cost to the original purchaser and said replacement will be Lifetime Chimney Supply's exclusive and final remedy under this warranty. Lifetime Chimney Supply shall not be liable for any costs for the removal or re-installation of the liner or any liability for special consequential or incidental damages in any way related to or arising out of defects in or damage to the liner. Lifetime Lining System stainless steel chimney liner has been tested and approved to UL1777 zero-clearance standards* and all component parts have been tested and listed by UL*. A copy of the test report is available upon request by your installer. Lifetime Chimney Supply makes no warranty, express or implied, of merchantability or fitness for a particular purpose or otherwise. This warranty gives you specific legal rights. You may have other rights which vary from state-to-state concerning exclusion or limitation of incidental or consequential damages.

*Tested and approved by UL - Approval Code 3HXH • All Lifetime Lining System™ components are UL listed.

Fill out completely, cut out and mail.

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Installer Name: _____

Company: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Installer Signature: _____ Date: _____

Number of Chimneys Lined: _____ Height of Each Chimney: _____

Type of appliance vented:

☐ **Stove:**
☐ Oil ☐ Gas ☐ Wood

☐ **Heating System:**
☐ Oil ☐ Gas

☐ **Fireplace:**
☐ Gas ☐ Wood ☐ Insert

☐ **Water Heater:**
☐ Oil ☐ Gas

☐ **Pellet Stove**

☐ **Gas Log**

Type of insulation used:

☐ Thermix
☐ Wrap
☐ None

INSULATING THE LINER PIPE INSTRUCTIONS (IF REQUIRED)

Heat-Fab 6600 Saf-T Wrap Insulating Blanket Wraps

(Caution: Foil edges of insulating wrap are very sharp. Handle with care.)

- Make sure that the bottom connector, either a tee connector or a universal connector, has been installed.
- The liner must be insulated from the bottom of the connector to the crown. In the case of a tee connector, the liner must be insulated from where the tee cap is installed up to the crown; with a universal connector, from where the connector would stop on insertion into the heating appliance up to the crown. After determining the distance, roll out the insulating wrap and cut it to the proper length.
- The insulating wrap must overlap along its length by a minimum of 1 inch. To ensure that you will have the proper width of insulating wrap multiply the liner diameter by 3.14 plus 1 inch for overlap. Although it is not necessary, you may trim the insulating wrap to this amount if you wish. A wider overlap than 1 inch is allowed but may cause difficulty installing in tight clearance situations.
- Place the insulating wrap foil face down on a level surface. Lay the liner and its bottom termination connector (previously attached) in the center on the insulating wrap. Line up the bottom connector as outlined in the second paragraph. Remember that at the top the insulating wrap will be even with the chimney crown.
- Start wrapping the insulating wrap around the liner pipe. Hold the wrap in place with foil tape at approximately 1 foot intervals making sure to overlap the insulating wrap by a minimum of 1 inch. You may use spray adhesive to assist you in holding the insulating wrap against the liner pipe.
- When the insulating wrap is in place around the liner pipe, apply a continuous length of foil tape from the top to the bottom of the overlapped insulating wrap seam.
- Encapsulate the insulated liner using retractable wire mesh. Unroll the correct size wire mesh and pull it over the entire length of the insulated liner pipe. At the bottom of the insulating wrap secure the mesh and insulating wrap in place with a stainless steel hose clamp. At the top of the liner pipe stretch the wire mesh tight and while holding the mesh tight, clamp the insulating wrap and the wire mesh in place with a stainless steel hose clamp. Trim away any excess wire mesh. With long liner lengths you may also wrap the entire insulated liner pipe with stainless steel wire wrapped spirally and twisted on itself at each end to hold it in place. The insulated liner pipe is now ready to be installed.

MAINTENANCE INSTRUCTIONS

- Cleaning of chimney, if necessary shall be done by methods that do not impair structural or thermal performance.
- To maintain this warranty the liner assembly must be cleaned and inspected by a certified solid fuel technician yearly before each heating season to ensure that it is free of debris, creosote and condensation and that all parts are in good condition.
- A written maintenance record must be kept by the homeowner on the warranty card provided.

Creosote and Soot-Formation and the Need for Removal

- When wood is burned slowly, it produces tar and other organic vapors, which combine with expelled moisture to form creosote. The creosote vapors may condense on the inside of the chimney liner during slow-burning firing periods. As a result, creosote residue accumulates on the chimney liner. When ignited, this creosote makes an extremely hot fire. The chimney liner system should be inspected at least once every two months during the heating season to determine if a creosote or soot buildup has occurred. If creosote or soot has accumulated, it should be removed to reduce the risk of a chimney fire.

Lifetime Chimney Supply LLC.
132 Dupont Street, Plainview NY 11803
www.LifetimeChimneySupply.com

MAINTENANCE RECORD

After each annual inspection, cleaning and maintenance please have the installer fill out and date the appropriate section of this card. After the first year please keep separate records of inspection, cleaning and maintenance for each year as required by this warranty.

Installer: Date of Installation:

Company: Phone: Email:

Address: City: State: Zip:

1st year installer:

Work done:

Date: Signed by:

6th year installer:

Work done:

Date: Signed by:

2nd year installer:

Work done:

Date: Signed by:

7th year installer:

Work done:

Date: Signed by:

3rd year installer:

Work done:

Date: Signed by:

8th year installer:

Work done:

Date: Signed by:

4th year installer:

Work done:

Date: Signed by:

9th year installer:

Work done:

Date: Signed by:

5th year installer:

Work done:

Date: Signed by:

10th year installer:

Work done:

Date: Signed by:

PLACE
STAMP
HERE

Lifetime Chimney Supply, LLC.
132 Dupont Street
Plainview NY 11803

ACORD

A1AFF-1 OP ID: MS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/20/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mountain Valley Insurance Agency, LLC S 114 Farview Avenue Paramus, NJ 07652 Anthony M Costello II, CIC	CONTACT NAME: Anthony M Costello II, CIC PHONE (A/C, No, Ext): 201-773-0868 FAX (A/C, No): 201-773-0869 E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Century Surety Company	36951
INSURER B: GUARD INSURANCE GROUP	14702
INSURER C: Technology Insurance Company	
INSURER D: Torus National Insurance Co.	
INSURER E:	
INSURER F:	

INSURED: A1 Affordable Construction Inc, 139 Ackerman Avenue Ste#1, Clifton, NJ 07011

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			USA4139031	07/24/2016	07/24/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			AOAU879099	01/04/2017	01/04/2018	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000
D	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0.00			73204P150ALI	08/09/2016	08/09/2017	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TARNJ89166-00	04/23/2017	04/23/2018	PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 100,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*PROOF OF INSURANCE

CERTIFICATE HOLDER

PROOF OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Anthony M Costello II, CIC

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

A-1 AFFORDABLE CONSTRUCTION
George Solimene
139 Ackerman Ave.
Clifton NJ 07011

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

03/15/2017 TO 03/31/2018
VALID

13VH00843200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Director of Consumer Affairs
HAS REGISTERED
A-1 AFFORDABLE CONSTRUCTION
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

02/15/2017 TO 03/31/2018
VALID

SIGNATURE

DIRECTOR

13VH00843200
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 09/13/17
Control #
Permit # 17-747

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 10402 Lot 9 Qual
Work Site Location 7 RUSSELL RD
H20 SFTNR
Owner in Fee/Occupant GREEN J
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 713-8093
Contractor BDP PLB & HTG G
Address 150 ROUTE 10 WEST
SUCCASUNNA, NJ 07876-
Telephone (973)584-8485 Fax ( ) -
Lic. No. or Bldrs. Reg. No. 12630
Federal Emp. No. 45-5004372

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

H20 SFTNR

[ ] 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:

[ ] 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 _____, ____.

Fee $ 0
Paid [X] Check No. 2101
Collected by: SJT

William O'Connor
Construction Official

U.C.C. F260 (rev. 3/96)

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 8/14/2017
Control # C10402/9
Permit # 17-747

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 10402 Lot 9 Qual

Work Site Location 7 RUSSELL RD
H20 SFTNR
Owner in Fee GREEN J
Address SAME
HOPATCONG, NJ 07843-
Telephone (973)713-8093

Contractor BDP PLB & HTG G
Address 150 ROUTE 10 WEST
SUCCASUNNA, NJ 07876-
Telephone (973)584-8485
Lic. No. or Bldrs. Reg. No. 12630
Federal Emp. No. 45-5004372

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
H20 SFTNR

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

Estimated Cost of Work $ 5,690

William O'Connor
Construction Official

08/9/17
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	55
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	11
Cert. of Occupancy	0
Other	
Total	66
Check No.	2101
Cash	
Collected By	SQ

07592

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 8/14/2017

Date Issued / Permit # 17-747

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

Block 10402 Lot 9 Qualification Code

Work Site Location 7 Russell Road

Owner in Fee: John & Deborah Green

Tel. (973) 713-3093 e-mail

Address 7 Russell Road (street) Landing (municipality), NJ 07850 (zip code)

Contractor: BDP PLUMBING & HEATING INC Tel. (973) 584-8485

Address 150 ROUTE 10 WEST email: biancodiamondplumbing@yahoo.com

SUCCASUNNA, NJ 07876

Contractor License No. 12630 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH06895300

Federal Emp. ID No. 45-5004372 FAX: (973) 584-7421

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 5690

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial Underslab Utilities Approved

Date 08/09/17 Approved by: W.O.E.

[ ] Plumbing Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 08/09/17

Approved by: W.O.E.

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 9/5/17

Approved by: Dir

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			9/5/17	Dir

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Dominick Bianco

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Supply & install water softener

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Water Softener	

Administrative Surcharge	$
Minimum Fee	$ 55
State Permit Surcharge Fee	$
TOTAL FEE	$