20-685

Donna Belton

From: Nici Ten Hoeve <opra+request-14148-dff21fde@requests.opramachine.com>
Sent: Sunday, May 31, 2020 2:11 PM
To: clerkforms
Subject: OPRA request - OPRA Request

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Howell Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested: A list of all open and closed permits. A copy of the survey if on file.

16 Sunnyside Road, Howell, NJ 07731
Lot: 174.02
Block: 110

Yours faithfully,
Nici Ten Hoeve

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-14148-dff21fde@requests.opramachine.com

Is clerkforms@twp.howell.nj.us the wrong address for OPRA requests to Howell Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dhowell_township&c=E,1,DMtYd9490a31MyczZG-mSC-SZlUn4AWhfgwvmA05J6iZeMtRKlb02cmBi0nMs-yoP2BtWN8Gow-K6evWRM78FGdJ7aFeHCYPn9E0HFtVPZTjqi8F9qo,&typo=1

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fhelp%2fofficers&c=E,1,UZba5k6_NJ_zK_rgSy7crBv4Zdpn03apKDUgGqVeR40tOj1lfTlZ5dlh0bdEoCYCSJFhbFITS_YuGyzNWj7nCp3jKUU8RRzjXFtL3Hj3E0034fHgU2-WQ70ALDA,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fopra_request_1159&c=E,1,uxe8ayfJoDBn_v4EYH9R_ULp4lVFh9Ez0jUBkCF-BfjUu6G6t8RMbSddeicZQskAaEfBBuzQGo64tEh9uJzpbPKoUbAUDFPDhsTv1U9azw5R&typo=1

Please note that in some cases publication of requests and responses will be delayed.

Donna Belton

From: Paul Orlando
Sent: Tuesday, June 02, 2020 9:14 AM
To: Donna Belton
Subject: RE: OPRA 20-685
Attachments: 000000.pdf; 98-2274.pdf; 99-1971.pdf; 164105-BLK110 - L174.02 CA Roof-2018-01-05.pdf; BLK110 - L174.02 2008 ELECTRIC FOR AG POOL.pdf; BLK110 - L174.02 2011 ELECTRIC SERVICE 200AMP.pdf; BLK110 - L174.02 ELECTRIC SERVICE UPGRADE 2007.pdf; BLK110 - L174.02 FURNACE REPLACEMENT 2005.pdf; BLK110 - L174.02 TANK REMOVAL.pdf

PLEASE FIND ATTACHED.NO OPEN UCC PERMITS OR VIOLATIONS FOUND AT THIS TIME

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Monday, June 01, 2020 9:40 AM
To: Paul Orlando <porlando@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA 20-685

Good Morning,

Attached please find OPRA 20-685 for your review. Please forward your findings to me no later than 6/10/2020.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000
dbelton@twp.howell.nj.us

BLOCK 110 LOT 174.02 ADDRESS (SITE) _____ PERMIT NO. 31750 mail

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 11e Sunnyside Rd, Howell
2. Name of Owner in Fee: Quigley Tel. ([redacted]
   Address same street municipality no code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. (___) _____
   Address _____
   License No. OR if new home, Builder Reg No A.J. Perri Exp Date _____
   Federal Emp No 401 Highway 35 Red Bank NJ 07701 Social Security No. _____
5. Architect or Engineer 732-747-3131 Tel. (___) _____
   Address 36-427609-7
6. Responsible Person in Charge of Work Rich Holman Tel. (___) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

	(Office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area—Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft.	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	406.3
7. ☒ Plumbing	1354
8. ☒ Electrical	1354
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	6771

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
				12/29/04	R			
				1/28/05	TO			

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group. Indicate Former:

LDS HW-B 10113095

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

(✓) Check if contractor.

Agent Name A.J. Perri

Address 401 Highway 35
Red Bank NJ 07701

732-747-3131

36-427609-7

Telephone ( )

Signature _____ Date _____

OFFICE DATE RECEIVED _____

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

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

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

X CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
Temporary Certificate of Occupancy	No.				
Temporary Certificate of Compliance	No.				
Continued Certificate of Occupancy	No.				
Certificate of Compliance	No.				
Certificate of Occupancy	No.				
Certificate of Approval	No.				

CONSTRUCTION PERMIT

Date Issued
Control #
Permit # 31750

IDENTIFICATION Block 110 Lot 174.02

Work Site Location 116 Sunny Side Rd.

Owner in Fee Quigley

Address Same

Tele. ( )

Contractor A.J. Perri

Address 401 Highway 35
Red Bank N.J. 07701

Tele. ( ) 732-747-3131

Lic. No. or Bldrs. Reg [redacted] Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] OTHER

[✓] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:
Replace Furnace

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 $ 1771

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

(see reverse side)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 31750
Permit # 31750

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

Block 10 Lot 174.03
Work Site Location 16 Sunnyside Rd.
Owner in Fee Quigley
Address Same
Tele. (____)
Contractor A.J. Perri, Inc.
Address 401 Highway 35, Red Bank, NJ 07701
Tele. (____)
Lic. No. Electric Lic #13296B
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1354

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 12/21/09
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
____		Fixtures (1)	
____		Receptacles (2)	
____		Switches (3)	
____		Total 1 + 2 + 3	
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
____	____ Kw	A/C Unit	____
____		Burglar Alarms	____
____		Intercoms Panels	____
____		Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
1	____ Kw	Central Heat: oil gas or elec.	46.00
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
____	____ Amp	Motor Control Center/Sub Panels	____
____		Signs	____
____	____	Light Standards	____
____	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
____	____ Amp	Service Entrance	____
____	____	Other	____

	Administrative Surcharge	$ _____
Paid [ ] Check # _____	Minimum Fee	$ _____
	DCA Training Fee	$ 2.00
Collected by: _____	TOTAL FEE	$ 48.00

U.C.C. Form F-120B

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 31750

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

Block 160 Lot 174.02
Work Site Location 16 Sunnyside Rd.
Owner in Fee Quigley
Address Same
Tele. ( )
Contractor A.J. Perri
Address 401 Highway 35 Red Bank NJ 07701
Tele. ( ) 732-747-3131
Lic. No. [redacted]
Federal Emp. No. 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 $ 4063 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 12/27/04
Approved by:

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

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical 4 Detector	1	36.00
Gas or Oil Fired Appliance		
OTHER Furnace	1	46.00
Administrative Surcharge	$	
Paid [ ] Check # Minimum Fee	$	
Collected by TOTAL FEE	$	

U.C.C. Form F-140A

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 31750
Permit #

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

Block 110 Lot 17402
Work Site Location 11e Sunny Side Rd.

Owner in Fee Quigley
Address same

Tele. ( ) A.J. Perri
Contractor 401 Highway 35
Address Red Bank NJ 07701
732-747-3131
Tele. ( ) [redacted]
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 1354

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 12/29/04
Approved by: Allen Smith

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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 Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other Furnace	

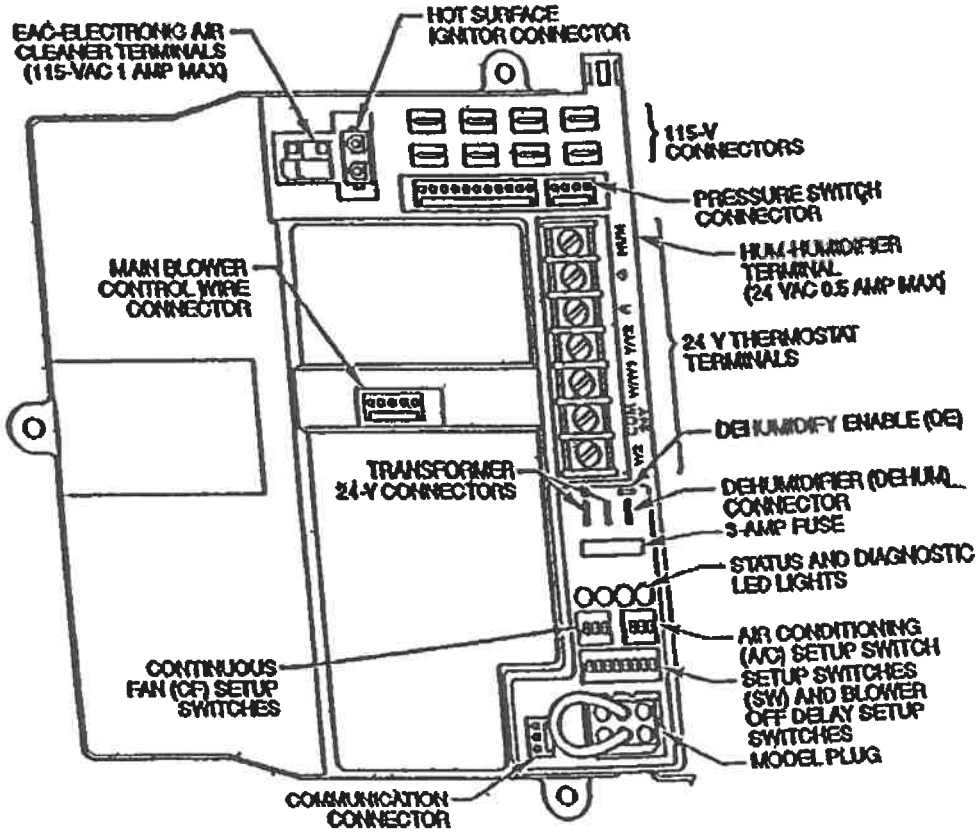
Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46
Collected by: TOTAL $ 2 48.00

UCC Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Table 4—Electrical Data

UNIT SIZE	VOLTS—HERTZ—PHASE	OPERATING VOLTAGE RANGE		MAXIMUM UNIT AMPS	UNIT AMPACITY†	MINIMUM WIRE SIZE	MAXIMUM WIRE LENGTH (FT)‡	MAXIMUM FUSE OR CKT BKR AMPS
		Maximum	Minimum					
040-14	115—60—1	127	104	8.9	12.0	14	31	15
060-14	115—60—1	127	104	8.9	12.0	14	31	15
080-14	115—60—1	127	104	8.9	12.0	14	31	15
080-20	115—60—1	127	104	13.8	17.9	12	32	20
100-20	115—60—1	127	104	13.8	18.1	12	32	20
120-20	115—60—1	127	104	11.6	15.3	12	37	20

* Permissible limits of voltage range at which unit will operate satisfactorily
† Unit ampacity 125 percent of largest operating component's full load amps plus 100 percent of all other potential operating components' (EAC, humidifier, etc.) full load amps
‡ Length shown is as measured 1 way along wire path between unit and service panel for maximum 2 percent voltage drop
** Time-delay type is recommended.



A91

→ Fig 25—Control Center

from historical use of a standard humidistat to do dehumidification since the contacts open on high humidity thus removing the 24 V signal to initiate dehumidification.

The DEHUM output on the thermostat control or the humidistat output is connected directly to the DEHUM terminal on the furnace control. In addition, the DE jumper located next to the DEHUM terminal must be removed to enable the DEHUM input. (See Fig. 27 and 28.) When a dehumidify demand exists, the furnace control reduces the blower airflow by 21 percent to 315 CFM per ton during continuous fan or cooling operation.

DIRECT VENTING

The SKMVP Furnaces require a dedicated (one SKMVP furnace only) direct vent system. In a direct vent system, all air for combustion is taken directly from outside atmosphere, and all flue products are discharged to outside atmosphere.

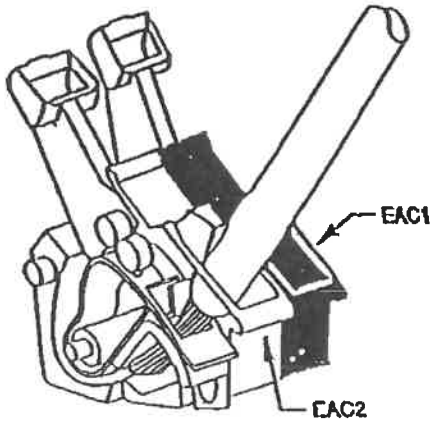


Fig 26—EAC Terminals on Control Co

Physical data

OUTPUT CAPACITY BTUH (ICS) (Shaded capacities are specified on rating plate)	Low	Upflow	25,000	37,000	49,000	49 000	61,000	73 000
		Downflow	25 000	36,000	49,000	49,000	61,000	73,000
		Horizontal	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	High	Upflow	36,000	57,000	75,000	75 000	94,000	113 000
		Downflow	37,000	56,000	75,000	75,000	94,000	113,000
		Horizontal	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
INPUT BTUH†		Low	26,000	39 000	52,000	52,000	65,000	78,000
		High	40 000	60,000	80 000	80 000	100 000	120 000
SHIPPING WEIGHT (Lb)			205	170	182	204	209	234
CERTIFIED TEMP RISE RANGE (°F)		Low	35—45	60—70	60—70	60—70	60—70	60—70
		High	40—50	45—55	45—55	45—55	55—65	55—65
CERTIFIED EXT STATIC PRESSURE (ESP) (In. wc)		Heating	0.10	0 12	0 15	0 15	0.20	0.20
		Cooling	0.50	0.50	0.50	0.50	0.50	0.50
AIRFLOW CFM‡		Heating Low	565 (550**)	515 (590**)	690 (795 **)	690 (795**)	860 (990*)	1035 (1190**)
		Heating High	780	1010	1345	1345	1425	1710
		Cooling (Max)	1400	1400	1400	2000	2000	2000
LIMIT CONTROL			SPST					
HEATING BLOWER CONTROL (Off Delay)			Selectable 90, 135, 180 or 225 Sec Intervals					
BURNERS (Moneport)			2	3	4	4	5	6
GAS CONNECTION SIZE			1/2-in. NPT					
GAS VALVE (Redundant) Manufacturer			White-Rodgers					
Minimum Inlet Pressure (In. wc)			4.5 (Natural Gas)					
Maximum Inlet Pressure (In. wc)			13.6 (Natural Gas)					
IGNITION DEVICE			Hot Surface					

* Capacity in accordance with U.S. Government DOE test procedures.

† Gas input ratings are certified for elevations to 2000 ft. For elevations above 2000 ft, reduce ratings 2% for each 1000 ft above sea level. In Canada, derate the unit 5% for elevations from 2000 to 4500 ft above sea level.

‡ Airflow shown is for bottom only return-air supply. For air delivery above 1800 CFM, see Air Delivery curve for other options. A filter is required for each return-air supply.

** Low heat CFM when bypass humidifier switch (SW-3) on control center is used.

ICS — Isolated Combustion System

MEETS DOE RESIDENTIAL CONSERVATION SERVICES PROGRAM STANDARDS

Before purchasing this appliance read important energy cost and efficiency information available from your retailer

As an ENERGY STAR℠ Partner Carrier Corporation has determined that this product meets the ENERGY STAR guidelines for energy efficiency

REGISTERED QUALITY SYSTEM

These products are engineered and manufactured under an ISO 9001 registered quality system.

TOWNSHIP of HOWELL

251 Preventorium Road
Post Office Box 580
Howell New Jersey 07731 0580

(732) 938 4500
FAX (732) 938 6492

NOTICE

Dear Howell Township Homeowner

Your permit application has been review and released by our department

N J A C 5 23 6 4(g) Repairs of the Uniform Construction Code requires **carbon monoxide alarms** shall be installed in the immediate vicinity of each sleeping area (within 10 feet of bedrooms) in all homes containing fuel burning appliances or has an attached garage Detectors may be battery operated hard wire or of plug in type installed as per manufacturer s installation instructions The installation of the detectors will be checked at the Final inspection

If you have any questions I can be reached Monday through Friday 7 30 to 9 30 a m or 3 00 to 3 30 p m at 732 938 4500 ext 2404

Thank you for your cooperation

Allen Gaestel
Howell Plumbing Subcode Official

A.J. PERRI, INC.

401 Highway 35
Red Bank NJ 07701
Phone: 732-747-3131
Fax: 732-747-5005

FAX

Attn:

To: Bldg Dept. From: AJ Perri Casey

Fax: Date:

Phone: Pages:

Re: Cc:

COMMENTS

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 110 LOT 174.02 PERMIT #

WORK SITE ADDRESS 11 Sunnyside Rd. Howell

A.J. Perri
401 Highway 35
Red Bank NJ 07701
732-747-3131

Applicant Original

Certifying Individual Richard Lee Company A.J. Perri, Inc.
401 Highway 35
Red Bank, NJ07701
Electric Lic #13296B

Address _____
Street City State Zip Code

Tel. (_____) _____

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

A.J. Perri, INC.

A/C • Heating • and more

To Whom It May Concern:

Please cancel the application for a permit at 11 Sunnyside Rd. The Block number is 110 and the Lot number is 17.02. The customer has cancelled the job.

Sincerely,

Cassandra McGorty
A.J. Perri
Permit Department

401 Highway 35, Red Bank, NJ 07701 • Office: 732-747-3131 • Toll Free: 1-800-287-2164 • Fax: 732-747-9743

PLAN REVIEW CHECK LIST

NAME Quigley BLOCK 110 LOT 174.02

ADDRESS 16 Sonnyside Rd. ZONING RELEASE

DATE SUBMITTED 16 Sonnyside Rd. 31750

TYPE OF WORK furnace

	REVIEWED BY	APPROVED	COMMENTS
FIRE ✓	12/27/04	OK	Note: Must Sign Chimney Certification.
BUILDING			
ELECTRICAL ✓	12/27/04 NO	OK	
PLUMBING ✓	12/29/04	O.K	VOID
MECHANICAL			
OTHER			
SEPTIC			

RECEIVED
DEC 22 2004
BUILDING DEPT

BLOCK 110 LOT 174.02 QUALIFICATION CODE ____________ ADDRESS (SITE) 16 Sunny Side Rd. Howell PERMIT NO. ____________

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 16 Sunny Side Rd. Howell
2. Name of Owner in Fee: JoE GIGANTO Tel. ([redacted]
   Address 16 Sunny side Rd. Howell 07731
   (street) (municipality) (zip code)
3. Ownership in Fee: Public ______ Private X
4. Principal Contractor: Jersey Mechanical Serv Tel. (732) 886-8090
   Address Po Box 721 Howell NJ. 07731
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. [redacted] FAX: (732) 901-0189
5. Architect or Engineer ______ Tel. ( ) ______
   Address ______
6. Responsible Person in Charge of Work Mike Schuler
   Tel. (732) 620-6984 FAX (732) 901-0189

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories ______	
2.	Height of Structure ______ ft.	
3.	Area — Largest Floor ______ sq. ft.	
4.	New Building Area ______ sq. ft.	
5.	Volume of New Structure ______ cu. ft.	
6.	Construction Classification ______	
7.	Total Land Area Disturbed ______ sq. ft.	
8.	Flood Hazard Zone ______	
9.	Base Flood Elevation ______ ft.	
10.	Wetlands yes ______ no ______	
11.	Max. Live Load ______	
12.	Max. Occupancy Load ______	

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ______
After Construction ______
Net Gain or Loss ______

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS HW-B 10113096

U.C.C. F100-1 (rev. 3/96)

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name Jersey Mechanical Service Co.

Address PO Box 721
Howell NJ. 07731

Telephone (732) 886-8080

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

HOWELL TOWNSHIP
251 PREVENTORIUM ROAD
HOWELL NJ 07731
732-938-4500

CERTIFICATE

Date Issued: 06/07/2005
Control #: 7797
Permit #: 19982274

IDENTIFICATION

Block: 110 Lot : 174.02 Qualification Code:

Work Site Location: 16 SUNNYSIDE RD
HOWELL

Owner in Fee: GIJANTO
Address: 16 SUNNYSIDE ROAD
HOWELL NJ 07731

Telephone:

Agent/Contractor: JERSEY MECHANICAL
Address: PO BOX 721
HOWELL NJ 07731

Telephone: 732 886-8090

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:

Type of Warranty Plan: [ ] State [ ] Private

Use Group: R-3

Maximum Live Load:

Construction Classification:

Maximum Occupancy Load:

Certificate Exp Date:

Description of Work/Use: ELECTRIC TO GAS WATER HEATER RELOCATED TO GARAGE, DIRECT VENT FLUE, GAS PIPING

[ ] **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 will be subject to fine or order to vacate:

C Phillips 6/7/05

Chet Phillips Construction Official

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

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

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

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

[ ] **CERTIFICATE OF COMPLIANCE**

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

Fees $0.00
Paid[X]Check No. 1691
Collected by: SM

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

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 12-28-98
Control #
Permit # 98-2274

IDENTIFICATION Block 110 Lot 174.02
Work Site Location 116 Sunnyside Rd. Howell
Owner in Fee JOE GIANITO
Address 116 Sunnyside Rd. Howell
Tel. ([redacted]

Contractor Jersey Mechanical Service
Address PO Box 721 Howell NJ. 07731
Tel. (732) 886-8090
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Electric to gas water heater relocated to garage. w/lolly column 8'/8" stand direct vent flue w/PVC pipe/all gas piping.

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 $ 2,200.00

Construction Official

Date

PAYMENTS (Office Use Only)

Building	
Electrical	
Plumbing	30-
Fire Protection	
Elevator Devices	
Other CC	2-
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	32-
Check No.	1691
Cash	
Collected by	12/28/98 SH

U.C.C. F170
(rev. 3/86)

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

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5.23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

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

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

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

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

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

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

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

BUILDING MATERIALS WILL NOT BE PICKED UP BY BOROUGH. PROPERTY OWNER/CONTRACTOR IS RESPONSIBLE FOR REMOVAL FROM BOROUGH.

NO ADVERTISING SIGNS PERMITTED IN THE BORO OF RUMSON $500 MAXIMUM FINE

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 110 Lot 174.02
Work Site Location 16 Sunnyside Road
Howell
Owner in Fee JOE GIJANTO
Address 16 Sunnyside Rd.
Howell
Tele. [redacted]
Contractor Jersey Mechanical Service
Address PO BOX 721
Howell NJ.
Tele. (732) 886-8090 Fax (732) [redacted] 901-0187
Lic. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Elect. Proposed GAS
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar
[X] Other ELECTRIC TO GAS WATER HEATER
Location: CRAWL SPACE/GARAGE
Total Cost of Fire Protection Work $ 300.00

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
[ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 12/23/96
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump		NOT REQUIRED		
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ELECTRIC TO GAS WATER HEATER/GAS LINE TO BBQ, WATER HEATER, STOVE, FIREPLACE, TEE FOR FURNACE & WATER HEATER IS DIRECT VENT PVC FLUE.
Water Supply Source CITY
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System		
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	___	___
Halon Suppression	___	___
Other _____	___	___
Kitchen Hood Exhaust System	___	___
Smoke Control System	___	___
Gas [ ] or Oil [ ] Fired Appliances	___	___
Other _____	___	___

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

U.C.C F140
(rev. 3/96)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12-28-98
Date Issued
Control #
Permit # 98-2274

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

Block 110 Lot 174.02
Work Site Location 116 Sunnyside Rd. Howell NJ. 07731
Owner in Fee JOE GIANTO
Address 116 Sunnyside Rd. Howell NJ. 07731
Tele. [redacted]
Contractor Scalisi Plumbing
Address 15 Cider Mill Court Howell NJ.
Tele. (732) 938-9027
Lic. No. 9742
Federal Emp. No. [redacted] or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Elect. Proposed GAS
Building Sewer Size ____ Public Sewer ____ Private Septic ____
Water Service Size ____ Public Water ____ Private Well ____
Estimated Cost of Plumbing Work $ 1900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-23-98
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 6/2/05

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping	1-4-99		1-5-99	
Solar				
TCO		F.P.	1-14-99	
HW H-	FINAL		1-14-99	

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	50
70'	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	50
	Water Service Connection	
	Active Solar System	
	Other	

CC 2.00

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL $ ____

UCC Form F 1308 1 White • Inspector Copy 2 Canary • Office Copy 3 Pink • Office Copy 4 Gold • Applicant Copy

938
6342

TO: HOWELL TOWNSHIP CONSTRUCTION INSPECTION DEPARTMENT
Attn: Plumbing Sub-Code Official

REF: BCA BULLETIN 87-1
N.J.A.C. 5:23-3.15(b)
NSPC 4.2.4

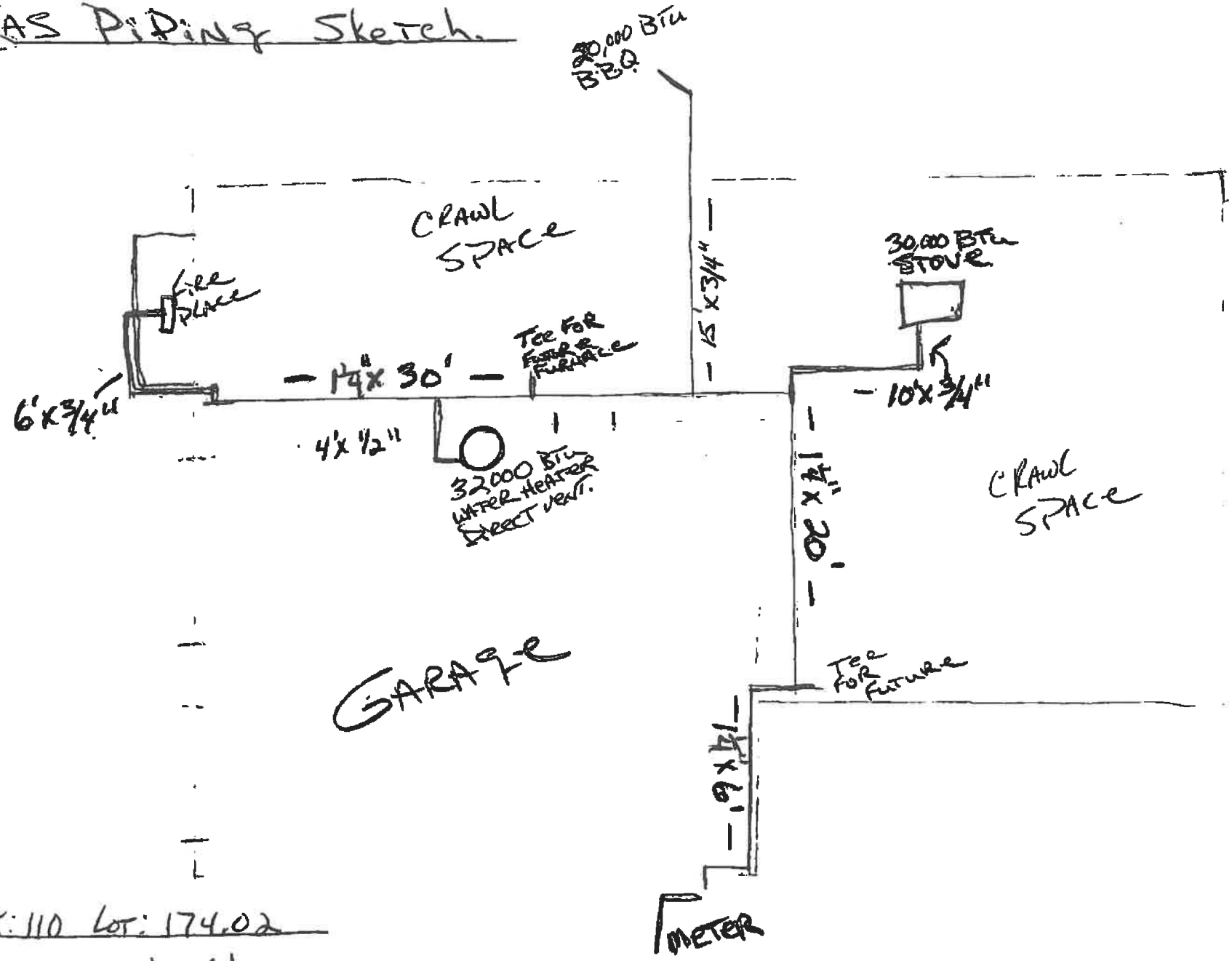
DATE 12-21-98

THIS IS TO CERTIFY THAT I, (Name) Lou Scalisi,
(Business Address) 15 Cider Mill Court, Howell,
(Tel. No.) 732-938-2027.

WILL INSTALL ALL SOLDERED JOINTS AND FITTINGS FOR THE POTABLE WATER SYSTEM IN THE FOLLOWING BUILIDING, (Owner) JOE GIJANTO,
(Address) 16 Sunny Side Rd. Howell,
(Block & Lot) [redacted] Block: 110 Lot: 174.02
USING SOLDER AND FLUX HAVING A LEAD CONTENT OF NOT MORE THAN 0.2 PER CENT IN ACCORDANCE WITH THE ABOVE-REFERENCES.

Louis Scalisi
(Signature & Seal)
(Notarized if Homeowner)

GAS PIPING Sketch.



Block: 110 Lot: 174.02
16 Sunny Side Rd
Howell.

FRONT

CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK: 110 **LOT:** 174.02 **PERMIT #:** _____

WORKSITE ADDRESS: 16 Sunnyside Rd. Howell

CERTIFYING INDIVIDUAL (PRINT NAME)
Name: Mike Schuler
Address
Street: 16 Hilltop Rd. Howell
State: NJ.

COMPANY
Name: Jersey Mech. Serv.
City: Howell NJ.
Zip: 07731
Phone# ( ) 732-886-8090

CHECK THE APPROPRIATE BOX
TYPE OF REPLACEMENT
( ) Oil to Gas Conversion
( ) Gas appliance Replacement
( ) Oil to Oil Replacement
(X) Other (describe): Electric to Gas water Heater

EXISTING VENT/CHIMNEY:
( ) B label vent
( ) L label vent
( ) Masonry chimney-tile lined
( ) Flexible liner
(X) Other (describe): Electric water htr-no flue

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION

FOR OIL TO GAS CONVERSIONS:
I hereby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature **Date**

OIL TO OIL OR GAS TO GAS REPLACEMENTS
I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lied and sized for the appliance being installed.

_____
Signature **Date**

CERTIFICATION NOT SUBMITTED:
I choose not to submit a certification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature **Date**

DIRECT VENT APPLIANCE:
NO CERTIFICATION REQUIRED:

Mike Schuler 12-1-98
Signature **Date**

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

NAME Gigante BLOCK 110 LOT 174.02

ADDRESS 16 Sunnyside Rd ZONING RELEASE

DATE SUBMITTED 12/22/98 Water Heater

DEVELOPMENT

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING				
PLUMBING	12/23/98	DL	ok	
FIRE	12/23/98	GL		NOT REQ.
ELECTRICAL				
MECHANICAL				
SEPTIC				
OTHER				

RECEIVED
DEC 2 2 1998

CODELFRM

BLOCK 11D LOT _____ QUALIFICATION CODE 79.02 ADDRESS (SITE) 16 Smyside Rd PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 16 Smyside Road
2. Name of Owner in Fee: Grigoro Tel. ([redacted])
   Address 16 Smyside Road Mahwell [redacted]
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Corbin Electrical Services Inc Tel. (732) 596-0444
   Address 699 Tennent Road Manalapan 07726
   License No. OR, If new home, Builder Reg. No. 6419.1 Exp. Date 3-31-00
   Federal Employee No. [redacted] FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work _____
   Tel. (_____) _____ FAX (_____) _____

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories	
2.	Height of Structure ft.	
3.	Area — Largest Floor sq. ft.	
4.	New Building Area sq. ft.	
5.	Volume of New Structure cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☑ Minor Work	850.00								
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☑ Electrical	500				9/21/99	CO			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. F100-1 (rev 3/96)

LDS HW-B 10113093

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓) Check if contractor.

Agent Name CORBIN

Address ELECTRICAL SERVICES, INC.
699 Tennent Road
MANALAPAN, NJ 07726-3127

Telephone ( ) (732) 536-0444
FAX (732) 536-8547

Signature

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

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 1/23/2007
Tracking Number 9968
Permit Number 19991971
Permit Issue Date 9/28/1999
Certificate Number 19991971

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 16 SUNNYSIDE RD , NJ Block: 110 Lot: 174.02 Qual:

Owner in Fee: GIANTO

Owner Address: 16 SUNNYSIDE RD HOWELL NJ 07731

Telephone:

Contractor CORBIN ELECTRIC

Address 699 TENNENT RD MANALAPAN NJ 07726

Telephone: 7325360444 Fax:

License Number or Builders Registration Number: 6419A Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-3 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
HOT TUB WIRING

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

C. Phillips 1/23/07
Construction Official

Fee: $0.00
Check Number: 2402
Collected By: SM

Date Printed: 1/23/2007

CONSTRUCTION PERMIT

Date Issued 9-28-99
Control #
Permit # 99-19711

IDENTIFICATION Block 110 Lot 174.02
Work Site Location 16 Sunside Road
Howell NJ 07731
Owner in Fee Giunta
Address Same
Tel. ([redacted]

CORBIN ELECTRICAL SERVICES, INC.
Contractor
Address 699 Tennent Road
MANALAPAN, NJ 07726-3127
(732) 536-0444
FAX (732) 536-8547
Tel. ( )
Lic. No. or Bldrs. Reg. No. 6414-A
Fed. Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Hot Tub Wiring

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 $ 850.00

T. Ll (SM)
Construction Official

9-21-99
Date

PAYMENTS (Office Use Only)
Building
Electrical 30.00
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 1.00
Cert. of Occupancy
Other
Total 37.00
Check No. 2402
Cash
Collected by SM 9-28-99

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

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

(see reverse side)

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

U.C.C. Form F-170D

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9-28-99
Date Issued
Control #
Permit # 99-1971

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

Block 110 Lot 14.02
Work Site Location 16 Sunnyside Road
Howell, NJ 07731
Owner in Fee/Occupant Gigante
Address Same
Tele. ([redacted]
Contractor CORBIN ELECTRICAL SERVICES, INC.
Address 699 Tennent Road MANALAPAN, NJ 07726-3127
Tele. ( ) Fax ( ) (732) 536-0444 FAX (732) 536-8547
Lic. No. 6919-A
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9/21/99
Approved by: C. Phillips

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 1-9-07
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	5/10/05 TO		1-9-07	
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				

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's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)	
TOTAL NUMBERS	$
Pool Permit/with UW Lights	
Storable Pool/Spa/Hot Tub	$ 36
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 3/98)

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

5/10/05 TD

Fan 4 - 4h

lite 7 - 3h

$ 3 -

Fan must be removed or moved to 5 FT from blade totally

~~wall mounted light must be GFI protected~~

outlet on side wall must be removed

Inside ok

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9-28-99
Date Issued
Control #
Permit # 99-1971

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

Block 110 Lot 114.02
Work Site Location 16 Sunnyside Road
Howell, NJ 07731
Owner in Fee/Occupant Gijenda
Address Same
Tele. [redacted]
Contractor CORBIN ELECTRICAL SERVICES, INC.
Address 699 Tennent Road MANALAPAN, NJ 07726-3127
Tele. ( ) (732) 536-0444 Fax ( ) FAX (732) 536-8547
Lic. No. 6419-A
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9/21/99
Approved by: C. Mulgas

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION (UNDER 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's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	$ 36
1		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

U.C.C. F120 (rev 3/96)

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

TOWNSHIP OF HOWELL CONSTRUCTION CODE DEPT.

PLAN REVIEW CHECK LIST

AME Gigantz BLOCK 110 LOT 179.02

DDRESS 16 Sunnyside ZONING RELEASE

ATE SUBMITTED

EVELOPMENT HOT TUB

	REVIEWED BY:		APPROVED	COMMENTS
BUILDING				
PLUMBING				
FIRE	✓			
ELECTRICAL	9/21/99		OK	
MECHANICAL				
SEPTIC				
OTHER				

CDELFRM

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 1/5/2018
Control Number C-40275
Permit Number 20172407
Permit Issue Date 9/21/2017
Certificate Number 20172407

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 16 SUNNYSIDE ROAD Howell Township, NJ Block: 110 Lot: 174.02 Qual:

Owner in Fee: QUIGLEY, PHILIP T & ELIZABETH

Owner Address: 16 SUNNYSIDE ROAD HOWELL NJ 07731

Telephone: [redacted]

Contractor REDLINE ENTERPRISES

Address 5144 W. HURLEY POND ROAD FARMINGDALE NJ 07727

Telephone: (732) 256-9741 Fax: (732) 256-9740

License Number or Builders Registration Number: 13VH00087700 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ROOF TEAR-OFF AND RESHINGLE

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/5/2018

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 9-21-17
Control # 40275
Date Issued
Permit # 2017-2407

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

Block 110 Lot 174.02 Qualification Code

Work Site Location 16 SUNNYSIDE RD
HOWELL 07731

Owner in Fee: QUIGLEY, P & E

Tel. [redacted] e-mail

Address 16 SUNNYSIDE RD (street) HOWELL (municipality) 07731 (zip code)

Contractor: REDLINE ENT/FORTIFIED ROOFING Tel. (732) 256-9741

Address 5144 W HURLEY POND RD e-mail deb@fortifiedroofing.com
FARMINGDALE NJ 07727

Contractor License No. or Builder Registration No. 13VH00087700 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. [redacted] FAX: (732) 256-9740

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Required	9/21	
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 9/21/17
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12-1-17
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/29/17	SD
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R5 Proposed R5
Constr. Class Present VB 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.
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 8,925
3. Total (1+ 2) $ 8,925

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.
Sign here: Deborah Walsh
Print name here: DEBORAH WALSH

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL NEW ROOF REMOVING ONE LAYER OF SHINGLES DOWN TO WOOD DECK. INSTALLING GAF TIMBERLINE HD LIFETIME DIMENSIONAL SHINGLES.

ASTM D3462 - 6 NAILS - WIND WARRANTY = 130 MPH

Black shingles
skylight
Attic Fan
1 layer chimney flashing

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

FEE (Office Use Only)

$	
	268
Administrative Surcharge $	
Minimum Fee $	
State Permit Surcharge Fee $	17
TOTAL FEE $	285

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

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

INVOICE

FREEHOLD CARTAGE, INC.
POST OFFICE BOX 5010
FREEHOLD, NJ 07728-5010

732-462-1001

Account Summary	
Account Number	49726005
Invoice Date	9/30/17
Invoice Number	890485
Blanket PO:	0

890485

Pay This Amount
$ 648.73

Amount Enclosed
$

Bill To:
RED LINE ENTERPRISE LLC D/B/A
FORTIFIED &GREAT AMERICAN ROOF
5144 W HURLEY POND ROAD
FARMINGDALE, NJ 07727

---------PLEASE DETACH HERE AND RETURN ABOVE PORTION WITH YOUR PAYMENT. ---------

Quigley 9489

Date	Description	Reference	Job PO	QTY:	UNIT $:	SUBTOTAL:
	CONTAINER SERVICE					
Location:	Site Name:FORTIFIED ROOFING - Acct Nbr: 49727045 Address: 16 SUNNYSIDE RD HOWELL Blanket PO: 0					
9/30/17	I-72 ID13C C&D WASTE	463368		4.80	$90.00	$432.00
9/30/17	NJ SALES TAX	I-72 TAX		1.00	$29.70	$29.70
9/30/17	30 YD TRASH TEMP BOX	240862	REMOVE	1.00	$175.00	$175.00
9/30/17	NJ SALES TAX	30TTEMP TAX	REMOVE	1.00	$12.03	$12.03

A/O:	Current	30 Days	60 Days	90 Days	Total
10/4/17	$13,778.21	$542.92	$0.00	$0.00	$14,321.13

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 1/14/2009
Control Number 06451
Permit Number 20081521
Permit Issue Date 6/25/2008
Certificate Number 20081521

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 16 SUNNYSIDE ROAD Howell Township, NJ Block: 110 Lot: 174.02 Qual:

Owner in Fee: QUIGLEY, PHILIP T & ELIZABETH

Owner Address: 16 SUNNYSIDE ROAD HOWELL NJ 07731

Telephone: [redacted]

Contractor SANSONE ELECTRIC

Address 63 LAKESIDE DR FARMINGDALE NJ 07727

Telephone: 7327511166 Fax:

License Number or Builders Registration Number: 12808 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: Type V

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: MIS. ELECTRIC REDO ELECTRIC FOR POOL

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official 1/15/09

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/15/2009 U.C.C. F280 (rev. 08/05)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6.05.08
Control # 06405
Date Issued
Permit # 20081521

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

* Block 110 Lot 174.02 Qualification Code
* Work Site Location 16 SUNNYSIDE RD
* Owner in Fee ELIZABETH QUIGLEY
* Address 16 SUNNYSIDE RD Howell NJ 07731
* Tel [redacted]

Contractor SANSONE ELECTRIC LLC
Address 63 LAKESIDE DR FARMINGDALE NJ 07727
Tel (732) 751-1166 FAX (732) 751-1199
Contractor License No. 12808
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed REPLACE POOL
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 3000.

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

X Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4		TOTAL NUMBERS	$ 40
1		Pool Permit/with UW Lights	10
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1	1-5	HP Motors 1/+ HP	12
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1		EXISTING POOL W/NEW ELECTRIC + BONDING INGROUND	1

Administrative Surcharge $ 6
Minimum Fee $ 4
State Permit Surcharge Fee $
TOTAL FEE $ 66

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved 6-7-08
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] FA
Date: 8-13-08
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Final			7/11/08	RD
Trench + Bond			6/30/08	RD
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final		7/30/08	8-13-08	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 8/31/2011
Control Number C-16951
Permit Number 20111806
Permit Issue Date 8/30/2011
Certificate Number 20111806

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 16 SUNNYSIDE ROAD Howell Township, NJ Block: 110 Lot: 174.02 Qual:

Owner In Fee: QUIGLEY, PHILIP T & ELIZABETH

Owner Address: 16 SUNNYSIDE ROAD HOWELL NJ 07731

Telephone: [redacted]

Contractor RK ELECTRIC

Address 20 SUNNYSIDE RD HOWELL NJ 07731

Telephone: (732) 901-8320 Fax:

License Number or Builders Registration Number: 8226 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: Type V

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SERVICE 200 AMP

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/31/2011

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY

DR# 3241163066

Date Received 8-30-11
Control # E/16951
Date Issued
Permit # 20111806

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

Block 118 Lot 174.08 Qualification Code

Work Site Location 16 Sunnyside Rd Howell NJ 07731

Owner in Fee: Katie Quigley

Tel. [redacted] e-mail

Address 16 Sunnyside Rd Howell NJ 0773 (street / municipality / zip code)

Contractor: RK Electric Tel. (732) 961 8326

Address 20 Sunnyside Rd e-mail

Contractor License No. 8226 Exp. Date 4/12

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

Federal Emp. ID No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as dwelling Utility Co. JCP&L

Est. Cost of Elec. Work $ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date Approved by:

[ ] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required.

[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elec.

SUBCODE APPROVAL for PERMIT

Date: 8-29-11

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 8-30-11

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv				
Constr. Serv.				
TCO				
Other				
Service				
Final			8-30-11	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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's Signature/Contractor's Seal and Signature

[x] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Replace 200 amp panel

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	200	Electric Panel	

Administrative Surcharge	$ 75
Minimum Fee	$ 3
State Permit Surcharge Fee	$ 48
TOTAL FEE	$

ACTION OFFICE SUPPLIES, INC (732) 534-3000

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF HOWELL
www.twp.howell.nj.us

Jean Verrier
Electrical Subcode Official

251 Preventorium Road
P.O. Box 580
Howell, N.J. 07731

(732) 938-4500 Ext. 2407
Fax (732) 938-6492

CUT-IN-CARD

MUNICIPALITY HOWELL

LOCATION 16 SUNNYSIDE RD UTILITY CO JCP&L

BLK 110 LOT 174-02

OWNER _____ OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ____ days

DESCRIPTION OF SERVICE 200 AMP PM# 3241630 66

INSTALLED BY RK ELECTRIC LICENSE NO 6226

DATE 8-30-11 PERMIT # 11-1606 INSPECTOR J. VERRIER

☐ CALLED IN / / Lic. No: 6166

U.C.C. Form F-350B 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

Howell Township
4567 ROUTE 9 NORTH (2nd FLOOR)
PO BOX 580
HOWELL, NJ 07731

Date Issued 1/27/2016
Control Number 03341
Permit Number 20072352
Permit Issue Date 9/18/2007
Certificate Number 20072352

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 16 SUNNYSIDE ROAD Howell Township, NJ 07731 Block: 110 Lot: 174.02 Qual:

Owner in Fee: QUIGLEY, PHILIP T & ELIZABETH

Owner Address: 16 SUNNYSIDE ROAD HOWELL NJ 07731

Telephone:

Contractor ANTHONY VILLARDI

Address 163 THROCKMORTON STREET OLD BRIDGE NJ 08857

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: 5B

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ELECTRIC SERVICE UPGRADE

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/27/2016

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/19/07
Control # 03341
Date Issued
Permit # 0907352

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

Block 110 Lot 174.03 Qualification Code
Work Site Location 16 SUNNYSIDE ROAD

Owner in Fee: PHILIP QUIGLEY
Tel. [redacted] e-mail
Address 16 SUNNYSIDE ROAD HOWELL NJ 07731
(street) (municipality) (zip code)

Contractor: ANTHONY VILLARI Tel. 201 563-9195
Address 63 MOCKMORTON LANE OLD BRIDGE NJ 08857
Contractor License No. 14829 Exp. Date 3/09
Federal Employee No. [redacted] FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1500

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.

Anthony Villari
Applicant's Signature/Contractor's Seal and Signature

X Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
—		Detectors	
		Light Poles	
—		Motors–Fract. HP	
—		Emergency & Exit Lights	
—		Communications Points	
		Alarm Devices/F.A.C. Panel	
—			
		TOTAL NUMBERS ·	$
—		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
—	—	KW Elec. Range/Receptacle	
—	—	KW Oven/Surface Unit	
—	—	KW Elec. Water Heater	
—		KW Elec. Dryer/Receptacle	
—	—	KW Dishwasher	
		HP Garbage Disposal	
—	—	KW Central A/C Unit	
—	—	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
—	—	HP Motors 1/+ HP	
1	200	KW Transformer/Generator	✓
—	—	AMP Service	
—	—	AMP Subpanels	
—	—	AMP Motor Control Center	
—	—	KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9-5-07
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-14-16
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	9/21/07	3/24/09	1-14-16	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

Administrative Surcharge $	50
Minimum Fee $	
State Permit Surcharge Fee $	2
TOTAL FEE $	52

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 1/14/2009
Control Number 36182
Permit Number 20053306
Permit Issue Date 11/15/2005
Certificate Number 20053306

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 16 SUNNYSIDE ROAD HOWELL, NJ Block: 110 Lot: 174.02 Qual:
Owner in Fee: QUIGLEY, PHILIP & ELIZABETH
Owner Address: 16 SUNNYSIDE ROAD HOWELL NJ 07731
Telephone: [redacted]
Contractor A.J. PERRI/BLUE DOT
Address 401 HIGHWAY 35 RED BANK NJ 07701
Telephone: 7327473131 Fax:
License Number or Builders Registration Number: Federal Emp. Number: [redacted]

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

Certificate Comments:

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

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

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

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

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

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

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

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

Construction Official 1/22/09

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/14/2009 U.C.C. F260 (rev. 08/05)

11-15-05

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 36182

Date Issued
Permit # 10053306

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

Block 118 Lot 74.02 Qualification Code _____
Work Site Location 16 Sunnyside Rd.
Owner in Fee Quigley
Address Same

Tel (_____) _____
Contractor Bud Ellison
Address 401 Highway 35
Red Bank, NJ 07701
Tel (732) 747-3131 FAX (732) 747-5005
Contractor License No. 1375
Federal Emp. No. [redacted]

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 $ 920

JOB SUMMARY (Office Use Only) Replacement

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 10/20/05
Approved by: Allan Hassel

SUBCODE APPROVAL
[✓] CO [ ] CCO [✓] CA
Date: 4/16/08
Approved by: Allan Hassel

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			4/16/08	
Gas Equipment			4/16/08	
Gas Piping			4/16/08	
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			4/16/08	

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.

Dick Hakeman
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other Furnace	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 46
State Permit Surcharge Fee	$ 1
TOTAL FEE	$ 47

CO Detector: OK

U.C.C. F130 (rev.01/04)

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

AJ 020 Rev 5 05

11-15-05

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

36182
20053306

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

Block 110 Lot 14402 Qualification Code

Work Site Location 16 Sunnyside Rd

Owner in Fee Quigley

Address Sunnyside

Tel ( )

Contractor A.J.Perri, Inc.

Address 401 Highway 35
Red Bank, NJ 07701

Tel (732) 747-3131 FAX (732) 747-9743

Contractor License No. Electric Liense # 13296B

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 920

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.

Rich Hohman

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light	46 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 10/19/05

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA

Date: 1-9-07

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-9-07	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 1 —
TOTAL FEE	$ 47 —

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

AJ 019 Rev 5 05

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11-15-05
Date Issued
Control # 36182
Permit # 20053306

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

Block 18 Lot 174-02
Work Site Location 116 Sunnyside Rd
Owner in Fee Quigley
Address Same
Tele. ( )
Contractor A.J. Perri, Inc.
Address 401 Highway 35
Red Bank, NJ 07701
Tele. (732) 747-3131
Lic. No.
Federal Emp. No. or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2700 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] Plans Required
Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Lines Approved
Date: 10/19/06
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] TCO [ ] CA
Date: 1/9/07
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other			1/9/07	
Other FINAL				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	CO detector	36.-
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	1	46.-
OTHER		

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

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy
AJ 023 Rev 5 05

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 110 LOT 174.02 PERMIT # _____

WORK SITE ADDRESS 16 Sunnyside Rd. Howell 07731

Applicant Andrew
Certifying Individual Chris Fakesl Company A.J. Perri
Address 401 Highway 35 Red Bank NJ 07701
Street City State Zip Code

Tel. (_____) _____ 732-747-3131

38-427609-7

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[ ] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Oil to Oil or Gas to Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

_____
Signature Date

Certification Not Submitted:

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

_____
Signature Date

Direct Vent Appliance:

No certification required:

_____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

Howell Township
251 PREVENTORIUM ROAD
PO BOX 580
HOWELL, NJ 07731

Date Issued 1/14/2009
Control Number 32229
Permit Number 20050420
Permit Issue Date 2/28/2005
Certificate Number 20050420

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 16 SUNNYSIDE ROAD HOWELL, NJ Block: 110 Lot: 174.02 Qual:

Owner in Fee: QUIGLEY, PHILIP & ELIZABETH

Owner Address: 16 SUNNYSIDE ROAD HOWELL NJ 07731

Telephone: [redacted]

Contractor CAPITAL ENVIRONMENTAL SERVICES

Address 406 HWY 35, REAR FREEHOLD NJ 07728

Telephone: (732) 747-0432 Fax:

License Number or Builders Registration Number: 01009 Federal Emp. Number: [redacted]

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TANK REMOVAL

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official 1/15/09

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/14/2009 U.C.C. F260 (rev. 08/05)

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 2-28-05
Control # 32229
Permit # 20050420

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

Block 111 / 10 Lot 174.02
Work Site Location 16 Sunnyside Rd
Howell 07731
Owner in Fee Philip Quigley
Address Same
Tele. [redacted]
Contractor Capitol Env. Svcs
Address 406 Hwy 35
Red Bank, NJ 07701
Tele. (732) 747-0432 Fax (732) 747-6144
Lic. No. US01009
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ 1275-

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 2/9/05
Approved by: _____

SUBCODE APPROVAL
[ ] [illegible] [ ] CCO [ ] CA
Date: [illegible]
Approved by: _____

INSPECTIONS Tank Leaking

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Sprinkler Rough				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			2/25/05	
Other				

Dates (Month/Day)

Tank Removal 3/2/05 Receipts

Closed with DEP Case #

DEP# 05-05-11-0854-42

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.

Catherine Esposito
Signature

UCC/PRO-F-140 (REV8/96)
Professional Printing
(856) 468-7933

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Remove 1-550 gal UST

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity 550 Fuel #2		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
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		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] Oil [ ] Fired Appliances		
Other Tank Removal	1	300

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

See Bulletin Attached.

Donna Belton

From: Eileen Cusa
Sent: Monday, June 08, 2020 11:18 AM
To: Donna Belton
Subject: RE: OPRA 20-685

Good morning,

No land use/code files found for OPRA 20-685.

Eileen Cusa
Administrative Assistant

Township of Howell
4567 Route 9 North, 2nd Floor
Howell, NJ 07731
Phone: (732) 938-4500 x 2335
Fax: (732) 414-3243

From: Donna Belton <dbelton@twp.howell.nj.us>
Sent: Monday, June 1, 2020 9:40 AM
To: Paul Orlando <porlando@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>
Cc: Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>
Subject: OPRA 20-685

Good Morning,

Attached please find OPRA 20-685 for your review. Please forward your findings to me no later than 6/10/2020.

Thank you.

Regards,

Donna Belton
Administrative Assistant
Clerk's Office
4567 Route 9 North
Howell, NJ 07731
732-938-4500, ext. 2000
dbelton@twp.howell.nj.us