Donna Belton 20-690

From: Nici Ten Hoeve <opra+request-14165-d82da694@requests.opramachine.com>
Sent: Monday, June 01, 2020 3:36 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.

10 Peacock Place #1000, Howell, NJ 07731
Lot: 10
Block: 237.09

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-14165-d82da694@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,qIHgwjD0r-0S9XW1MquOx9xCvy2lU7v7PNA1Urmccc_NS6KUPLiTKM-WjyhOk6mDISpcqe8l8FCoySrsWxEg22Kze4fjom0b2mx1q_ZCbXJHw2VSYA,,&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,DVOZFkb3uLSYyBYLR2U_vuPLVW7i6eWSjyyHMgxYVpDZX3PhO6tfJ5hJql-_e_fQAQ7gDnhCY2Ci_cGTZj-QlMEPTUvnuGW9St6w07yrzYs3nZzga_sdjygenLs,&typo=1

View this OPRA request & responses online:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2frequest%2fopra_request_1160&c=E,1,lMADvPNq07oYBbgh4FeoGmUsYnMlxO-1n3v_Pnhwt8DzwuAr_l-ouHkVmoFMeJlJXu53Zg6SlNZezipMeBANO_Z67PPX_ELe4gW8DEt3dV_6kBcKgCvjr4AKqg,,&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 10:28 AM
To: Donna Belton
Subject: RE: OPRA 20-690
Attachments: 000000 (2).pdf; 000000.pdf; 93-2843.pdf; 5749.pdf; 108805-BLK237.09 - L10 CA ALARM-2017-01-24.pdf; BLK237.09 - L10 TANK UST REMOVAL 2009.pdf; BLK237.09 L 10 TANK INSTALL 2009.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 3:41 PM
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 20-690

Good Afternoon,

Attached please find OPRA 20-690 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

NOTICE OF CONFIDENTIALITY
This message, including any prior messages and attachments, may contain advisory, consultative and/or

HOWELL, TOWNSHIP OF
(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS HW-B 10502715

M

Township of Howell

Certificate of Continued Occupancy

SMOKE DETECTORS CONFORM WITH NJ
STATE HOUSING CODE REQUIREMENTS

Date 9-22-97

Property Address: 10 Peacock Place Block 237.09 Lot 10

Property Owners Name: Sheldon Krumholtz

Address: 10 Devon Drive North, Manalapan, NJ 07726*

Person Making Application: Same

Attorney or Real Estate Broker:

[X] DWELLING RENTAL [ ] COMMERCIAL [ ] INDUSTRIAL

TO WHOM IT MAY CONCERN:

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE $25.00 Inspected By Patricia I. Hoover

9-22-97
DATE ISSUED

DIVISION OF HOUSING

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately

6/96

HOWELL TOWNSHIP APPLICATION / CERTIFICATE OF CONTINUED OCCUPANCY

Note: No change in title or occupancy will be permitted without prior issuance of C/C/O

OWNER Sheldon Krumholtz **PICK UP [ ] **MAIL [ ]

1. PRINT- Mailing address for C/C/O

10 Devon Drive N

Manalapan NJ 07726

Daytime Phone No. (732) 446 1190

2. STREET ADDRESS FOR INSPECTION

Block 237.09 Lot 10

10 Peacock Place

*BOARD OF HEALTH MUST BE CONTACTED FOR WELL/SEPTIC (908) 431-7456
*NO C/C/O WILL BE ISSUED WITHOUT MONMOUTH COUNTY BOARD OF HEALTH APPROVAL!**

3. SYSTEM: A> WELL SEPTIC or BOTH (Circle One)

B> CITY WATER CITY SEWER or (BOTH) (Circle One)

4. OCCUPANCY DUE TO: SALE (RENTAL) TITLE CHANGE (Circle One)

5. Name/Address/Phone of ATTORNEY OR AGENT OF PROPERTY:

_____ Phone #_____

*Please Note: A REINSPECTION FEE OF $25.00 WILL BE CHARGED SHOULD A THIRD INSPECTION BE REQUIRED DUE TO NON COMPLIANCE OF THE RESPONSIBLE PARTY MEETING THE SCHEDULED INSPECTION DATE AND TIME, OR CAUSING THE INSPECTION TO BE DELAYED. *Rescheduling will be done only after fee is paid to the Department.*

FEE SCHEDULE IS AS FOLLOWS: PAYMENT MUST ACCOMPANY APPLICATION!

Residential - w/City Water & Sewer.....$25.00 [✓] PAYMENT ENCLOSED

Residential- w/Well and/or Septic.....$35.00 [ ] *CHECK #*_____ *CASH [ ]*

B-*ALL COMMERCIAL C/C/O'S REQUIRE APPLICATION FROM THE HOWELL TOWNSHIP FIRE BUREAU PRIOR TO PROCESSING AND ISSUANCE*

Commercial - w/City Water & Sewer.....$50.00 [ ] PAYMENT ENCLOSED

Commercial - w/Well and/or Septic.....$60.00 [ ] *CHECK #*_____*CASH [ ]*

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BECAUSE OF PROCESSING AND SCHEDULING TIME, THERE WILL BE NO REFUNDS OF APPLICATION FEES IN THE EVENT OF CANCELLATION ON THE PART OF THE APPLICANT.

I understand the above and will allow the Municipal Inspector onto the above property at any reasonable time.

X Sheldon Krumholtz *Date of Application* 9/10/97

Authorized Signature

==========

FOR OFFICE USE ONLY

OPEN PERMITS? (NO) YES..INSP. REQUIRED_____

DATE OF INSPECTION 9/12

TOWNSHIP OF HOWELL, P.O. BOX 580, HOWELL, NJ 07731
ATTN: C/C/O DEPARTMENT

THIS APPLICATION MUST BE TAKEN AND SIGNED BY LAND USE FOR COMPLETE PROCESSING.

OVER

REV. 7/11/95

** NO CCO WILL BE ISSUED WITHOUT THE BELOW CERTIFICATION SIGNATURES FROM THE DEPARTMENT OF LAND USE **

RESIDENTIAL

I, (print) Sheldon Krumholtz, hereby certify that I am the Owner [✓]

Agent [ ] (X one box) for the property in Howell, located at 10 Peacock Place

known as Block 237.09 Lot 10, and that meeting all requirements,

a C/C/O will be issued for a ONE FAMILY RESIDENTIAL USE ONLY..... AS IT

CURRENTLY EXISTS.

*Land Use Office, please specify other useage if applicable*_____

I also attest to the fact that NO rubbish/debris/bulk garbage will be left on this property prior to new occupancy. FAILURE TO COMPLY WILL RESULT IN RETRACTION OF C/C/O AND SUMMONS WILL BE ISSUED. THIS APPLIES TO ALL PROPERTY WITHIN HOWELL TOWNSHIP !

Sheldon Krumholtz — Owner/~~Agent~~ — 9/10/97 — Dated

Vito Maruccio — Land Use Officer — 9/10/97 — Dated

COMMERCIAL/INDUSTRIAL

I, (print)_____, hereby certify

that I am the Owner [ ] Agent [ ] (X one) for the property in Howell located

at:_____, known as:

BLOCK_____ LOT_____ and meeting all requirements., a C/C/O will be issued for the "existing use" which is currently:

Be Specific_____

_____

Describe New Proposed Use (Be Specific)_____

_____

Owner/Agent — Dated

Land Use Officer — Dated

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A C/C/O IS TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMUM REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTALLY BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTLY PROTECT THEMSELVES WITH REGARD TO THE PREMISES BEING OCCUPIED, AS INSPECTION SUCH AS THESE REQUIRE JUDGEMENT IN DIFFICULT AREA AND AS THE WHOLE AND NOT FOR THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE ISSUANCE OF A C/C/O

251 Preventorium Road
Howell, N.J. 07731

(908) 938-4500
Fax 938-6492

TOWNSHIP OF HOWELL

OFFICE OF HOUSING INSPECTIONS

Housing Inspection Report of: Date 9-12-97

NAME: KRUMHOLTZ BLOCK 237.09 LOT 10

ADDRESS: 10 Peacock Pl. ZONE T.H.

Residential [✓ Rental Commericial [ ]

Well [ ] Septic [ ] City Water [✓ City Sewer [✓

Type of heat: oil Type of siding vin.

Basement N/A Garage 1 car

FIRST floor Kitchen | living | dining | ½ bath | utility

SECOND floor 2 bedrooms | 1 full bath | loft

VIOLATIONS NOTED AT TIME OF INSPECTION:

✓ furnace cert. needed —

rear burner on stove - not working

*THE ABOVE VIOLATIONS MUST BE CORRECTED WITHIN 30 DAYS. UPON COMPLETION OF THE ABOVE, NOTIFY THIS OFFICE 72 HOURS PRIOR TO SCHEDULING A RE-INSPECTION.

C/C/O will be mailed _____ C/C/O will be picked up _____

INSPECTOR _____ DATE 9-12-97

THIS INSPECTION REPORT IS NOT TO BE USED AS/OR IN PLACE OF ACTUAL CERTIFICATE OF CONTINUED OCCUPANCY (C/C/O).

(Revised 12/18/95)

330 - 430

TOWNSHIP OF HOWELL

(908) 938-4500

Building	
Elec.	
Plumb	
Housing	X215

Contact Person

* Patti Horney

Attn:

BLUE STAR
AIR CONDITIONING & HEATING, INC.
723 Troy Court
BRICK, NEW JERSEY 08724
(902) 840-7755

CUSTOMER'S ORDER NO.	PHONE	DATE
	446-1130	Nov 12 96

NAME: [illegible] Krumhauf[illegible]

ADDRESS: 10 Peacock Place
W.N. Howell

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D	PAID OUT	

QTY.	DESCRIPTION	PRICE	AMOUNT
	Clean & Vacuum out oil		
	furnace. Installed a new		
	pump strainer nozzle		
	and oil filter [illegible]		
	2 new air filter general		
	water pad for humidifier		
	Installed new low voltage		
	transformer for humidifier		
	Check operation of equip't,		
	Equip't is working [illegible]		
2	Hours labor		78 00
1	pump strainer, nozzle, oil filter,		
	air filter, water pad, and		
	2 transformer		44 00
	Will Pay by Mail		123 00
		TAX	7 38
RECEIVED BY		TOTAL	130 38

4205

All claims and returned goods MUST be accompanied by this bill

Thank You

[illegible signature]

6011 0023 2002 5109 [illegible] 5117323 091197

DO NOT WRITE ABOVE THIS LINE

SHELDON A KRUMHOLTZ

Expiration Date Checked

[illegible]20336
[illegible]
YO[illegible] APPLIANCE
[illegible] NJ
[illegible]

Cardmember Signature

X Sheldon Krumholtz

NOVUS SERVICES

Sales Slip

Date 91297 Authorization No. 012787 Clerk Department 7

Quantity	Class	Description	Unit Cost	Amount
		Elect Part		
				31 99
		NO RETURN		
		AT ALL -		

The Card issuer is authorized to pay the amount indicated as Total upon proper presentation. I acknowledge receipt of goods and services in the amount above. I affirm my obligations under the Cardmember Agreement.

Subtotal	
Sales Tax	1 92
Total	33 91

Cardmember Copy

HOWELL, TOWNSHIP OF
(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS HW-B 10502714

M

Township of Howell

Certificate of Continued Occupancy

SMOKE DETECTORS CONFORM WITH NJ
STATE HOUSING CODE REQUIREMENTS

Date August 19, 1996

Property Address: 10 Peacock Place Block 237.09 Lot 10

Property Owners Name: Sheldon Krumholtz

Address: 10 Devon Drive North, Manalapan, NJ 07726 *

Person Making Application: Same

Attorney or Real Estate Broker:

[X] DWELLING RENTAL [ ] COMMERCIAL [ ] INDUSTRIAL

TO WHOM IT MAY CONCERN:

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE $25.00 Inspected By Daniel Maidling

August 19, 1996
DATE ISSUED

DIVISION OF HOUSING

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

6/96

BOTH SIDES OF THIS APPLICATION MUST BE COMPLETE

HOWELL TOWNSHIP APPLICATION / CERTIFICATE OF CONTINUED OCCUPANCY

Note: No change in title or occupancy will be permitted without prior issuance of C/C/O

OWNER Sheldon Krumholtz **PICK UP [ ] **MAIL [✓

1. PRINT- Mailing address for C/C/O

10 Devon Dr N

Manalapan NJ 07726

Daytime Phone No. (908) [redacted]

2. STREET ADDRESS FOR INSPECTION

Block 237.09 Lot 10

10 Peacock Place

***BOARD OF HEALTH MUST BE CONTACTED FOR WELL/SEPTIC (908) 431-7456**
NO C/C/O WILL BE ISSUED WITHOUT MONMOUTH COUNTY BOARD OF HEALTH APPROVAL ! **

3. SYSTEM: ~~A> WELL~~ SEPTIC or BOTH (Circle One)

B> CITY WATER CITY SEWER or (BOTH) (Circle One)

4. OCCUPANCY DUE TO: SALE (RENTAL) TITLE CHANGE (Circle One)

5. Name/Address/Phone of ATTORNEY OR AGENT OF PROPERTY:

_____ Phone #_____

Please Note: . A REINSPECTION FEE OF $25.00 WILL BE CHARGED SHOULD A THIRD INSPECTION BE REQUIRED DUE TO NON COMPLIANCE OF THE RESPONSIBLE PARTY MEETING THE SCHEDULED INSPECTION DATE AND TIME, OR CAUSING THE INSPECTION TO BE DELAYED.** ***Rescheduling will be done only after fee is paid to the Department.

FEE SCHEDULE IS AS FOLLOWS: **PAYMENT MUST ACCOMPANY APPLICATION !**

Residential - w/City Water & Sewer.....$25.00 [✓] PAYMENT ENCLOSED

Residential- w/Well and/or Septic.....$35.00 [ ] *CHECK #* 1234 *CASH [ ]*

B-*ALL COMMERCIAL C/C/O'S REQUIRE APPLICATION FROM THE HOWELL TOWNSHIP FIRE BUREAU PRIOR TO PROCESSING AND ISSUANCE*

Commercial - w/City Water & Sewer.....$50.00 [ ] PAYMENT ENCLOSED

Commercial - w/Well and/or Septic.....$60.00 [ ] *CHECK #*_____ *CASH [ ]*

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BECAUSE OF PROCESSING AND SCHEDULING TIME, THERE WILL BE NO REFUNDS OF APPLICATION FEES IN THE EVENT OF CANCELLATION ON THE PART OF THE APPLICANT.

I understand the above and will allow the Municipal Inspector onto the above property at any reasonable time.

x Sheldon Krumholtz *Date of Application* 8/7/96

Authorized Signature

==========

FOR OFFICE USE ONLY

OPEN PERMITS? NO YES..INSP. REQUIRED_____

DATE OF INSPECTION 8/19 AM

TOWNSHIP OF HOWELL, P.O. BOX 580, HOWELL, NJ 07731
ATTN: C/C/O DEPARTMENT

THIS APPLICATION MUST BE TAKEN AND SIGNED BY LAND USE FOR COMPLETE PROCESSING.

OVER

REV. 7/11/95

* * NO CCO WILL BE ISSUED WITHOUT THE BELOW CERTIFICATION SIGNATURES FROM THE DEPARTMENT OF LAND-USE * *

RESIDENTIAL

I, (print) Sheldon Krumholtz, hereby certify that I am the Owner [✓] Agent [ ] (X one box) for the property in Howell, located at 10 Peacock Place known as Block 237.09 Lot 10, and that meeting all requirements, a C/C/O will be issued for a ONE FAMILY RESIDENTIAL USE ONLY..... AS IT CURRENTLY EXISTS.

*Land Use Office, please specify other useage if applicable*_____

I also attest to the fact that NO rubbish/debris/bulk garbage will be left on this property prior to new occupancy. FAILURE TO COMPLY WILL RESULT IN RETRACTION OF C/C/O AND SUMMONS WILL BE ISSUED. THIS APPLIES TO ALL PROPERTY WITHIN HOWELL TOWNSHIP !

Sheldon Krumholtz — Owner/Agent — 8/7/96 — Dated

Julie Leary — Land Use Officer — 8/7/96 — Dated

COMMERCIAL/INDUSTRIAL

I, (print)_____, hereby certify that I am the Owner [ ] Agent [ ] (X one) for the property in Howell located at:_____, known as:

BLOCK_____LOT_____and meeting all requirements., a C/C/O will be issued for the "existing use" which is currently:

Be Specific_____

Describe New Proposed Use (Be Specific)_____

_____ — Owner/Agent — _____ — Dated

_____ — Land Use Officer — _____ — Dated

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A C/C/O IS TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMUM REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTALLY BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTLY PROTECT THEMSELVES WITH REGARD TO THE PREMISES BEING OCCUPIED, AS INSPECTION SUCE AS THESE REQUIRE JUDGEMENT IN DIFFICULT AREA AND AS THE WHOLE AND NOT FOR THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE ISSUANCE OF A C/C/O .

251 Preventorium Road
Howell, N.J. 07731

(908) 938-4500
Fax 938-6492

TOWNSHIP OF HOWELL

OFFICE OF HOUSING INSPECTIONS

Housing Inspection Report of: Date 8-19-96 AM

NAME: Krumholtz BLOCK 237.09 LOT 10

ADDRESS: 10 Peacock Place ZONE

Residential [✓] Rental Commericial [ ]

Well [ ] Septic [ ] City Water [✓] City Sewer [✓]

Type of heat: Gas F/A Type of siding Vinyl

Basement — Garage 1 CM.

FIRST floor

SECOND floor 2 Bdrm + 1 Bath

VIOLATIONS NOTED AT TIME OF INSPECTION:

NVE

*THE ABOVE VIOLATIONS MUST BE CORRECTED WITHIN _____ DAYS. UPON COMPLETION OF THE ABOVE, NOTIFY THIS OFFICE 72 HOURS PRIOR TO SCHEDULING A RE-INSPECTION.

C/C/O will be mailed _____ C/C/O will be picked up _____

INSPECTOR _____ DATE 8/19/96

THIS INSPECTION REPORT IS NOT TO BE USED AS/OR IN PLACE OF ACTUAL CERTIFICATE OF CONTINUED OCCUPANCY (C/C/O).

(Revised 12/18/95)

HOWELL, TOWNSHIP OF
(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS HW-B 10502713

Township of Howell

Certificate of Continued Occupancy No. 93 2843

SMOKE DETECTORS CONFORM WITH NJ
STATE HOUSING CODE REQUIREMENTS

Date August 26, 1994

Property Address: 10 Peacock Place Block 237.09 Lot 10

Property Owners Name: Sheldon Krumholtz

Address: 10 Devon Drive N., Manalapan, NJ 07726

Person Making Application: Sheldon Krumholz

Attorney or Real Estate Broker: N/A

[X] DWELLING RENTAL [ ] COMMERCIAL [ ] INDUSTRIAL

TO WHOM IT MAY CONCERN:

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE 25.00 Inspected By Patricia L. Hoover

August 26, 1994

DATE ISSUED

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

HOWELL TOWNSHIP APPLICATION FOR CERTIFICATE OF CONTINUED OCCUP...

Note: No change in title or occupancy will be permitted without prior issuance of C/C/O!

OWNER NAME Sheldon Krumholtz **WILL PICK UP [ ] **PLEASE MAIL [ ]

1. PRINT- Mailing Address (for C/C/O)
10 Devon Drive N
Manalapan NJ 07726

2. ACTUAL LOCATION FOR INSPECTION
BLOCK 237.05 LOT 10
10 Peacock Place

Non Residential: Company or Store Name:

* BOARD OF HEALTH MUST BE CONTACTED FOR WELL and/or SEPTIC (908)431-7456
*NO CERTIFICATES OF CONTINUED OCCUPANCY INVOLVING WELL AND/OR SEPTIC WILL BE ISSUED WITHOUT APPROVAL FROM THE MONMOUTH COUNTY HEALTH DEPARTMENT

3. SYSTEM: A> WELL SEPTIC SYSTEM or (BOTH) (circle one)
B> CITY WATER CITY SEWER or (BOTH) (circle one)

4. OCCUPANCY CHANGE DUE TO: SALE or (RENTAL) (circle one)

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5. Name/Address/Phone # (DAYTIME OF PERSON AVAILABLE FOR INSPECTION)
Sheldon Krumholtz PHONE # [redacted]

6. Name/Address/Phone # (ATTORNEY OR REALTOR)
N/A PHONE #

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A C/C/O IS TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMUM REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTALLY BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTLY PROTECT THEMSELVES WITH REGARD TO THE PREMISES BEING OCCUPIED, AS INSPECTION SUCH AS THESE REQUIRE JUDGEMENT IN DIFFICULT AREAS AND AS THE WHOLE AND NOT FOR THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE ISSUANCE OF A C/C/O.

*PLEASE NOTE: A REINSPECTION FEE OF $25.00 will be charged should a third inspection be required due to noncompliance of the responsible party meeting the scheduled inspection time, or causing the inspection to be delayed. (RESCHEDULING DONE ONLY AFTER FEE IS PAID TO DEPARTMENT.)

FEE SCHEDULE IS AS FOLLOWS: PAYMENT MUST ACCOMPANY APPLICATION

Residential-w/City Water & Sewer.....$25.00 [✓] PAYMENT ENCLOSED
Residential-w/Well and/or Septic.....$35.00 [ ] CASH ___ CHECK# ✓ 1402

ALL COMMERCIAL C/C/O'S REQUIRE APPLICATION FROM THE HOWELL TOWNSHIP FIRE BUREAU PRIOR TO PROCESSING AND ISSUANCE

Commercial-w/City Water & Sewer.....$50.00 [ ] PAYMENT ENCLOSED
Commercial-w/Well and/or Septic.....$60.00 [ ] CASH ___ CHECK# _____

BECAUSE OF THE PROCESSING PROCEDURES, THERE WILL BE NO REFUNDS OF APPLICATION FEES IN THE EVENT OF CANCELLATION ON THE PART OF THE APPLICANT.

I UNDERSTAND THE ABOVE, AND WILL ALLOW THE MUNICIPAL INSPECTOR ONTO THE ABOVE REFERENCED PROPERTY AT ANY REASONABLE TIME.

X Sheldon Krumholtz Date of Application July 11, 1994
Authorized Signature

OPEN PERMITS? YES (NO) (If YES, insp. required _____

YOUR INSPECTION DATE WILL BE 7/14/94

Township of Howell, P.O. Box 580, Howell, NJ 07731, Attn: C/C/O Dept.
revised 3/16/93 OVER PLEASE FOR LAND USE CERTIFICATION INFORMATION

TAKE Application to LAND USE Dept.

* NO C/C/O WILL BE ISSUED WITHOUT THE BELOW CERTIFICATION SIGNATURES *

LAND USE CERTIFICATION AND INFORMATION

RESIDENTIAL

I, PRINT Sheldon Krumholtz, hereby certify that I am the Owner[X] Agent[ ] ("X" one box) for the property in Howell, located at: 10 Peacock Place known as Block 237.09 Lot 10 and that meeting all requirements, a C/C/O will be issued for "A ONE FAMILY", RESIDENTIAL USE ONLY AS IT PRESENTLY EXISTS.

I also attest to the fact that no rubbish/debris/bulk garbage will be left on site prior to new occupancy. FAILURE TO COMPLY WILL RESULT IN RETRACTION OF C/C/O AND SUMMONSES MAY BE ISSUED.

Other Use _____ (if applicable)

Sheldon Krumholtz — 7/11/94
Owner/Agent — Date

Julie Leary — 7-11-94
Land Use Officer — Date

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COMMERCIAL/INDUSTRIAL

I, PRINT _____, hereby certify that I am the Owner[ ] Agent[ ] ("X" one box) for the property in Howell, located at: _____ known as Block _____ Lot _____ and meeting all requirements, a C/C/O will be issued for the "existing use" which is currently: (BE SPECIFIC) _____

Describe New Proposed Use _____

_____ Owner/Agent — _____ Date

_____ Land Use Officer — _____ Date

I also attest to the fact that no rubbish/debris/bulk garbage will be left on site prior to new occupancy. FAILURE TO COMPLY WILL RESULT IN C/C/O RETRACTION AND SUMMONSES MAY BE ISSUED.

251 Preventorium Road
Howell, N.J. 07731

(908) 938-4500
Fax 938-4818

TOWNSHIP OF HOWELL

OFFICE OF HOUSING INSPECTIONS

Housing Inspection Report of: Date 7-14-94

NAME: Krumholtz BLOCK 237.09 LOT 10

ADDRESS: 10 Peacock Pl. ZONE T.N.

Residential [✓] Commericial [ ]

Well [ ] Septic [ ] City Water [✓] City Sewer [✓]

Type of heat: ~~gas~~ oil Type of siding Al.

Basement N/A Garage 1 car

FIRST floor Kitchen/living/dining/utility/½ bath/utility w/b

SECOND floor 2 bedrooms/1 full baths/1 loft/

VIOLATIONS NOTED AT TIME OF INSPECTION:

Kitchen sink leaks at faucet ✓

Smoke detector not working ✓

~~Radon test~~

7-25-94

PLB

*THE ABOVE VIOLATIONS MUST BE CORRECTED WITHIN — DAYS. UPON COMPLETION OF THE ABOVE, NOTIFY THIS OFFICE 72 HOURS PRIOR TO SCHEDULING A RE-INSPECTION. ✓

C/C/O will be mailed _____ C/C/O will be picked up _____

INSPECTOR _____ DATE 7-14-94

(revised 10/4/91)

HOWELL, TOWNSHIP OF

(BUILDING DEPT.)

PERMIT WITHOUT A JACKET

LDS HW-B 10502716

Township of Howell

Certificate of Continued Occupancy A 5749

Date Sept. 14, 1987

Property Address: 10 Peacock Place Block 237.09 Lot 10

Property Owners Name: Norman & Cheryl Neff

Address: 10 Peacock Place Howell, New Jersey

Person Making Application: Norman Neff

Attorney or Real Estate Broker: Fred Leggett

[XX] DWELLING resale townhouse [ ] COMMERCIAL [ ] INDUSTRIAL

TO WHOM IT MAY CONCERN:

This is to certify that inspection has been made of the above premises, and it is found to be in conformance with the Township Ordinance adopting the BOCA and New Jersey State Housing Codes and establishing procedures for continued occupancy.

FEE $25.00 Inspected By Patricia L. Hoover

9/14/87
DATE ISSUED

CODE ENFORCEMENT OFFICER

NOTE: Escrow Accounts. If applicable, any escrow accounts that were being held pending compliance, may be released immediately!

HOWELL TOWNSHIP CODE ENFORCEMENT OFFICE

APPLICATION FOR

CERTIFICATE OF CONTINUED OCCUPANCY

1.) OWNER'S NAME & ADDRESS:

Norman L. & Cheryl L. Neff
10 Peacock Place
Howell, New Jersey 07731

TELEPHONE: [redacted]

2.) PROPERTY LOCATION:

10 Peacock Pl.

BLOCK 237.09 LOT #10

(RESIDENTIAL) COMMERCIAL APARTMENT

3.) DOES PROPERTY HAVE A WELL? No SEPTIC SYSTEM? City Sewer

4.) OCCUPANCY CHANGE DUE TO (SALE) Yes RENT ____ OTHER ____

5.) IS THIS A V.A. SALE? No F.H. A SALE? NO

6.) NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED REGARDING THE INSPECTION:

7.) NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR (REALTOR):

Fred Leggett / c/o Schlott Realtors Rt 9 Howell, N.J. 07731 / 201-367-1300

THE PURPOSE OF THE MUNICIPAL INSPECTION FOR A CONTINUED CERTIFICATE OF OCCUPANCY TO DETERMINE IF THE HOUSING UNIT COMPLIES WITH THE MINIMAL REQUIREMENTS OF THE NEW JERSEY STATE HOUSING CODE WHICH CODE HAS BEEN ADOPTED BY THE TOWNSHIP OF HOWELL. ALTHOUGH THE PROPERTY OWNER MIGHT INCIDENTALLY BENEFIT FROM THE INSPECTION, THE PROPERTY OWNER OR PURCHASER SHOULD INDEPENDENTLY PROTECT HIMSELF WITH THE REGARD TO THE PREMISES BEING OCCUPIED, AS INSPECTIONS SUCH AS THESE REQUIRE JUDGEMENT IN DIFFICULT AREAS AND AS THE WHOLE AND NOT FOR THE BENEFIT OF THE PARTICULAR OWNER. THE MUNICIPALITY ASSUMES NO LIABILITY BY REASON OF THE ISSUANCE OF A CERTIFICATE OF CONTINUED OCCUPANCY.

THE SECOND RE-INSPECTION WILL REQUIRE AN ADDITIONAL FEE OF $15.00

FEE SCHEDULE IS AS FOLLOWS:

RESIDENTIAL & COMMERCIAL UNITS: ($15.00) CHECK# ~~963~~ 964
SEPTIC SYSTEMS: $10.00 CASH ____

PAYMENT OF $ 15.00 IS ENCLOSED WITH THIS APPLICATION

DATE: August 31, 1987 X Norman L. Neff
SIGNATURE

DEPARTMENT: Code INSPECTION DATE: Sept. 3, 1987

NOTE: APPLICANT MUST CALL 431-7456 BETWEEN 9 & 9:30 A.M. TO ARRANGE APPOINTMENT WITH THE MONMOUTH CO. BOARD OF HEALTH WHEN WELL & SEPTIC IS INVOLVED

I HEREBY GIVE PERMISSION TO AUTHORIZED PERSONNEL FROM THE TOWNSHIP OF HOWELL TO INSPECT THE ABOVE PREMISES AT ANY REASONABLE TIME.

TE: BECAUSE OF TIME AND PAPERWORK INVOLVED IN SETTING UP INSPECTIONS, THERE WILL BE NO REFUNDS OF THE APPLICATION FEE IN THE EVENT OF CANCELLATION OF THE INSPECTION

CODE ENFORCEMENT

TOWNSHIP of HOWELL

Post Office Box 580 Howell, New Jersey 07731-0580 (201) 938-4500
Ext. 280

September 3, 1987

Norman & Cheryl Neff
10 Peacock Place
Howell, N.J. 07731

Block 237-09 Lot 10
10 Peacock Place

Dear Sir:

An investigation was conducted on September 3, 1987 at the above address for the purpose of obtaining a Certificate of Continued Occupancy.

The violations listed below must be corrected within 30 days of the above date and this office must be notified to return for a re-inspection.

This re-inspection must be made to determine that all violations have been corrected.

When the above has been complied with, a Certificate of Continued Occupancy will be issued to you.

There will be no occupancy whatsoever in any residential or commercial building until the Certificate is obtained. Failure to abide by this measure will result in a summons being issued.

Thank you for your cooperation: Please feel free to call or write this office if further information is required.

VIOLATIONS TO BE ABATED:

1.) 4.4 Toilet loose in ½ bath 9-14-87

Very truly yours,

Patricia L. Hoover
Acting Code Administrator

PLH:mbw

TOWNSHIP of HOWELL

Post Office Box 580 Howell, New Jersey 07731-0580 (201) 938-4500

9-1-87

Neff

BLOCK 237.09 LOT 10

ADDRESS: 10 Peacock Pl.

THIS IS TO VERIFY THAT THERE ARE NO OPEN PERMITS ON THE ABOVE REFERENCED PROPERTY.

DATE OF INSPECTION IF THERE ARE OPEN PERMITS: _____

No file available

BUILDING DEPT. _____

DATE 9-8-87

HOWELL TOWNSHIP

DEPARTMENT OF CODE ENFORCEMENT INSPECTION REPORT

re-inspection

NAME Neff

BLOCK 237. 09 LOT 10

ADDRESS 10 Peacock Pl.

TEL 9-14-07

BUILDING TYPE: TOWN HOUSE | ✓ ONE FAMILY | APARTMENT | COMMERCIAL | OFFICE | TRAILER | NO ADMITTANCE

NJHC No.	STRUCTURE INTERIOR	VIO-LA-TION
3.1	Potable — Approved Water Supply	
3.2	Flow Rate Min. 1 Gal Per Minute	
4.1	Kitchen Sink — Flush Toilet — Stove — Tub — Shower	
4.3	Toilet — Tub — Shower Affords Privacy	
4.4	Plumbing Fixtures in Good Working Order Properly Connected	
4.5	Sinks — Tubs — Showers Hooked to Hot & Cold Water	
4.6	Water Heater Properly Installed Able to Heat Water to 120° F.	
6.1	Minimum Window Area 10% of Floor Area	
6.3	Each Room to Have 2 Electrical Outlets or 1 Outlet — One Wall Switch or Pullchain	
6.4	All Electric Wiring to Meet Codes	
6.5	Common Stairways Min. Light 2 Lumens, Bathroom Min. Lumens 3	
6.6	Bathroom Light to be Controlled by Wall Switch	
7.1	Habitable Rooms to Have 2 Air Changes an Hour — Bathrooms Need 6 Changes Per Hour	
8.1	Heating Equipment Properly Installed and in Good Working Order 70° Min. Heat	
8.2	Space Heaters to be Vented	
8.2-9	Smoke Detectors on all Levels	
9.1	Egress Safe and Unobstructed	
9.2	Below Ground Sleeping Room — Proper Egress	
10.1	Floors — Foundation — Walls — Ceilings — Doors — Windows — Glass in Clean and Good Condition	
10.2	3 or More Steps To Have Hand Rails	
10.5	Foundation — Floors — Walls Free of Dampness	
10.6	Free From Rodents — Vermin — Insects. Windows Screened May 1 to Oct. 1	
10.8	Paint — Wallpaper in Good Condition	
10.9	Kitchen — Bathroom Floors Water Impervious	
11.1	Dwelling to Have 150 sq ft 1st Occupant; 100 sq ft for Each Additional Occupant	
11.2	Sleeping Area 70 sq ft For One Occupant 50 sq ft For Each Additional Occupant. Trailers 30 sq ft For 1 Occ.; 60 sq ft For Each Occ. Over 1.	
11.3	Min. Ceiling Height 7' for 50% of Floor Area	
11.5	Sleeping Room Not To Be More Than 3'6" below Ground	
10.1	Clean — Repair Furnace	
10.1	Trailers to Have 5 lb ABC Fire Extinguisher	

NJHC No.	STRUCTURE EXTERIOR	VIO-LA-TION
5.1	Trash Properly Stored in Containers	
10.1	Windows — Roof — Other Parts of Building in Good Repair	
10.3	Porch — Balcony Has Safe Railings	
10.4	Roof — Walls — Windows — Exterior Doors Free From Holes and Leaks	
10.7	Premises Free From Litter — Garbage — Rubbish — Junk. Lawns — Hedges — Bushes Trimmed — Fences in Good Repair	
10.7	Repair Steps — Sidewalk — Driveway	
10.5	Correct Improper Drainage	
10.1	Point up Brickwork	
10.5	Repair Masonary Walls	
10.1	Repaint Trim	
10.1	Repaint House	
10.1	Repair — Replace Gutters — Down Spouts	
10.1	Place Street Number on Building	
10.1	Pool Fencing to Meet Code	
10.1	Clean Rain Gutters of Debris	
	COMMERCIAL — OFFICES	
25.9	Provide Electric Smoke — Fire Alarm System	
25.10	Provide — Repair Exit Signs	
17.1	Storage Area Fire Rated 1 Hour	
8.4	Means of Egress Readily Openable	
19.2	Entry Door Self Closing or Self Locking	
3.1-18	Provide Ample Trash Container Fence Enclosed	
3.13-6	Front and Rear Outside Areas to be clean	
3.13-6	Repair — Paint Siding	
3.13-6	Signs to be in Good Condition	
3.13-6	Repair Electric Fixture — Wiring	
3.13-6	Repair Entrance Door	
3.13-6	2 Means of Unobstructed Egress	
8.1	Heating System in Good Condition	
3.13-6	Hallways Free of Obstructions	
3.13-6	Sidewalk in Good Condition	
3.13-6	Parking Area in Good Condition	
3.13-6	Parking Area Free of Litter; Parking Space for Handicap if Lot Parks 12 or More Cars	
13.2	Hallway Illumination Adequate	
3.13-6	Windows, Roof, Other Parts of Building in Good Repair	
3.13-6	Correct Water Drainage	

HOWELL TOWNSHIP

DEPARTMENT OF CODE ENFORCEMENT INSPECTION REPORT

NAME Neff — BLOCK 237. 09 LOT 10

ADDRESS 10 Peacock Pl. — REF. 9-3-07

BUILDING TYPE: TOWN HOUSE | ONE FAMILY (X) | APARTMENT | COMMERCIAL | OFFICE | TRAILER | NO ADMITTANCE

NJHC No.	STRUCTURE INTERIOR	VIO-LA-TION
3.1	Potable — Approved Water Supply	
3.2	Flow Rate Min. 1 Gal Per Minute	
4.1	Kitchen Sink — Flush Toilet — Stove — Tub — Shower	
4.3	Toilet — Tub — Shower Affords Privacy	
4.4	Plumbing Fixtures in Good Working Order Properly Connected	
4.5	Sinks — Tubs — Showers Hooked to Hot & Cold Water	
4.6	Water Heater Properly Installed Able to Heat Water to 120° F.	
6.1	Minimum Window Area 10% of Floor Area	
6.3	Each Room to Have 2 Electrical Outlets or 1 Outlet — One Wall Switch or Pullchain	
6.4	All Electric Wiring to Meet Codes	
6.5	Common Stairways Min. Light 2 Lumens, Bathroom Min. Lumens 3	
6.6	Bathroom Light to be Controlled by Wall Switch	
7.1	Habitable Rooms to Have 2 Air Changes an Hour — Bathrooms Need 6 Changes Per Hour	
8.1	Heating Equipment Properly Installed and in Good Working Order 70° Min. Heat	
8.2	Space Heaters to be Vented	
8.2-9	Smoke Detectors on all Levels	
9.1	Egress Safe and Unobstructed	
9.2	Below Ground Sleeping Room — Proper Egress	
10.1	Floors — Foundation — Walls — Ceilings — Doors — Windows — Glass in Clean and Good Condition	
10.2	3 or More Steps To Have Hand Rails	
10.5	Foundation — Floors — Walls Free of Dampness	
10.6	Free From Rodents — Vermin — Insects. Windows Screened May 1 to Oct. 1	
10.8	Paint — Wallpaper in Good Condition	
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11.2	Sleeping Area 70 sq ft For One Occupant 50 sq ft For Each Additional Occupant. Trailers 30 sq ft For 1 Occ.; 60 sq ft For Each Occ. Over 1.	
11.3	Min. Ceiling Height 7' for 50% of Floor Area	
11.5	Sleeping Room Not To Be More Than 3'6" below Ground	
10.1	Clean — Repair Furnace	
10.1	Trailers to Have 5 lb ABC Fire Extinguisher	
4.4	toilet loose in 1/2 bath	
	9-3-07	
	P.L.H.	

NJHC No.	STRUCTURE EXTERIOR	VIO-LA-TION
5.1	Trash Properly Stored in Containers	
10.1	Windows — Roof — Other Parts of Building in Good Repair	
10.3	Porch — Balcony Has Safe Railings	
10.4	Roof — Walls — Windows — Exterior Doors Free From Holes and Leaks	
10.7	Premises Free From Litter — Garbage — Rubbish — Junk. Lawns — Hedges — Bushes Trimmed — Fences in Good Repair	
10.7	Repair Steps — Sidewalk — Driveway	
10.5	Correct Improper Drainage	
10.1	Point up Brickwork	
10.5	Repair Masonary Walls	
10.1	Repaint Trim	
10.1	Repaint House	
10.1	Repair — Replace Gutters — Down Spouts	
10.1	Place Street Number on Building	
10.1	Pool Fencing to Meet Code	
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	COMMERCIAL — OFFICES	
25.9	Provide Electric Smoke — Fire Alarm System	
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3.13-6	Repair — Paint Siding	
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3.13-6	Repair Electric Fixture — Wiring	
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3.13-6	Sidewalk in Good Condition	
3.13-6	Parking Area in Good Condition	
3.13-6	Parking Area Free of Litter; Parking Space for Handicap if Lot Parks 12 or More Cars	
13.2	Hallway Illumination Adequate	
3.13-6	Windows, Roof, Other Parts of Building in Good Repair	
3.13-6	Correct Water Drainage	

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

Date Issued 1/17/2017
Control Number C-11847
Permit Number 20100412
Permit Issue Date 3/17/2010
Certificate Number 20100412

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 PEACOCK PLACE Howell Township, NJ 07731 Block: 237.09 Lot: 10 Qual:

Owner in Fee: GLCK, MARYANN

Owner Address: 10 PEACOCK PLACE HOWELL NJ 07731

Telephone: [redacted]

Contractor ADT SECURITY SVS

Address 21 NORTHFIELD AVE EDISON NJ 08837

Telephone: (732) 346-6151 Fax: (732) 346-6134

License Number or Builders Registration Number: BA00176500 34AL00001700 P00451 438 8382 34FA00138500 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: BURGLAR ALARM SYSTEM

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: 1/17/2017

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3-17-10
Date Issued
Control # C-11847
Permit # 2010-0412

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

Block 237.09 Lot 10 Qualification Code C1000
Work Site Location 10 PEACOCK PLACE
HOWELL NJ 0773
Owner in Fee: MARYANN GICK
Tel. [redacted] e-mail
Address
street municipality zip code

Contractor: ADT SECURITY SERVICES Tel. (732) 346-6151
Address 21 NORTHFIELD AVENUE
EDISON, NEW JERSEY 08837
Contractor License No. 34AL00001700 Exp. Date 01-31-2011
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. [redacted] FAX (732) 346-6134

B.ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 68.75

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Date Initial
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 2-25-10
Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA
Date: 1-12-17
Approved by:

INSPECTIONS

Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final		1-12-17		
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 I am authorized to make this application, and perform the work listed on this application.

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixture	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
5		Alarm Devices/FA C. Panel	
5		TOTAL NUMBERS	$ ✓
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Rang/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 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 75 ✓
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

1. White-Inspector Copy 2. Canary-Applicant Copy
3. Pink-Office Copy 4. White Tag-Office Copy

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

UCC/F-120
Professional Printing
(856) 468-7933

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

Date Issued 2/11/2010
Control Number 08715
Permit Number 20090656
Permit Issue Date 4/8/2009
Certificate Number 20090656

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 PEACOCK PLACE Howell Township, NJ Block: 237.09 Lot: 10 Qual:

Owner in Fee: ESPOSITO, ANDREA

Owner Address: 10 PEACOCK PLACE HOWELL NJ 07731

Telephone: [redacted]

Contractor TEVA ENVIRONMENTAL

Address 120 CAPANETTA DRIVE LAKEWOOD NJ 08701

Telephone: (732) 948-3062 Fax:

License Number or Builders Registration Number: 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: 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.

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

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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 2/11/10

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/11/2010

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

4-809
08715
20090656

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

Block 23709 Lot 10.C1000 Qualification Code

Work Site Location 10 Peacock Pl.

Owner in Fee Andrea Esposito

Address 10 Peacock Pl.
Howell NJ. 07731

Tel ([redacted]

Contractor Tek Environmental

Address 120 Cranetta Dr
Lakewood NJ. 08701

Tel (732 948 3062 FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

Location:

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* OR [ ] *Combustible* *Capacity* 500

Total Cost of Fire Protection Work $ 1200

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the [illegible] of Record and am authorized to make this application.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Remove UST

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other TANK REMOVAL	1	50.00
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electrical [ ] Elevator
[ ] Fire Protection
Date: 2/23/09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] Other [ ] CA
Date: 4/17/09
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Above Ground Tank Removal	4/16/09 Pend: Pg Recds NO Holes Found.			
Sprinkler System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other RECEIPT			4/17/09	

U.C.C. F140 (Rev. 7/04)

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

237.09
10

Environmental Consultants LLC
1-908-747-4444 tevaenviro@gmail.com
NJ DEP CERT# US465797 DCA # 13VH04069600

Minimum Quantity Sludge Disposal Receipt

RE: Address 10 Peacock Place Permit # 20090656

Teva Environmental Consultants LLC uses the services of licensed NJDEP waste oil recovery or Disposal Company for pumping out our oil tanks and sludge bottoms if any which provide a manifest for disposal.

Teva Environmental Consultants LLC also collects sludge bottoms and co-mingle those bottoms for later collection by licensed NJDEP waste oil recovery or Disposal Company. As such, when an oil tank contains a small amount of oil, that material is co-mingled for later collection,
Waste material is always collected under a NJDEP manifest for co-mingled waste oil.

Teva Environmental Consultants LLC presents this document as our certification of proper disposal according to N.J.A.C 7: 14 & 7: 26.

Respectfully,
Teva Environmental Consultants, LLC

Name and Location Of Licensed Facility At Which Tank Will Be Disposed:

Blewitt

Name and Location Of Licensed Facility At Which Oil, Sludge and Water Will Be Disposed:

Lolco

Name and License Number Of Company Removing Tank and Fuel:

Tova Environmental

Telephone Number: 988 3062

New Jersey DEP Number: 465797

TANK MUST BE HAND-WIPED AFTER OIL AND SLUDGE HAS BEEN REMOVED.

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

Date Issued 2/11/2010
Control Number 08724
Permit Number 20090369
Permit Issue Date 2/27/2009
Certificate Number 20090369

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 10 PEACOCK PLACE , NJ Block: 237.09 Lot: 10 Qual: C1000

Owner in Fee: ESPOSITO, ANDREA

Owner Address: 10 PEACOCK PLACE HOWELL NJ 07731

Telephone: [redacted]

Contractor DOVER OIL CO

Address 239 DOVER ROAD SO TOMS RIVER NJ 08757

Telephone: 7323491551 Fax:

License Number or Builders Registration Number: 13VH01811100 5921 Federal Emp. Number: [redacted]

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: TANK INSTALLATION

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 2/11/09

Fee: $0.00
Check Number:
Collected By:

Date Printed: 2/11/2010 U.C.C. F280 (rev. 08/05)

237.09 – 10
PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1-27-09
Control # 08724

Date Issued
Permit # 20090367

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

Block 237.09 Lot 10 Qualification Code
Work Site Location 10 Peacock Place Howell NJ 07731
Owner in Fee Andrea & Sposato
Address 10 Peacock Pl Howell NJ 07731
Tel [redacted]
Contractor Dover Oil Co
Address 239 Dover Rd So Toms River NJ 08757
Tel (732) 349 1551 FAX ( )
Contractor License No. [redacted]
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 $ 825.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 2/27/09
Approved by: Allan Hastie

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/22/09
Approved by: Allan Hastie

Fuel line

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank			4/22/09	
Fuel Oil Piping				
Solar				
TCO				
Final			4/22/09	

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.

Casey Ranton
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	
1	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	
	Other	
	Other	

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

U.C.C. F130 (rev. 1/04)

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

FUEL LINES / OIL TANKS

LISTED and LABLED

- ☐ UL 58 underground tank.
- ☐ UL 80 inside tank.
- ☐ Gallons. _____
- ☐ Serial number: 0850 B05B3 Roth 14339

INSIDE - ABOVEGROUND TANKS

- ☐ Max. amount allowed – 660 gallons.
- ☐ Sized and shaped to permit installation or removal.
- ☐ Larger than 10 gallons – 5 feet away from any flame or flame within or external to any fuel-fired appliance.
- ☐ Inside tanks shall be protected with a device to indicate when the oil in the tank has reach an predetermine safe level.
- ☐ Glass gauges or gauges subject to breakage that could result in oil leaks shall not be used.

OUTSIDE – ABOVEGROUND TANKS

- ☐ Min. 5 feet from adjoin property line.
- ☐ Suitable protection from weather.
- ☐ Proper support under legs.
- ☐ Legs properly protected from weather.
- ☐ Impact protection from vehicles.

UNDERGROUND TANKS

- ☑ Excavation shall not undermine the foundation.
- ☑ 1 ft. clearance from tank to nearest basement wall, pit or property line.
- ☑ 1 ft. min. earth coverage.
- ☑ Tanks and buried pipes shall be protected by corrosion-resistant coating or special alloys or fiberglass-reinforced plastic.

FILL PIPING

- ☑ Shall terminate outside of building.
- ☑ 2 ft. away from any building opening at the same point or level.
- ☑ Shall be equipped with a tight metal cover.

VENT PIPING

- ☑ 1 ¼" min. sized.
- ☑ Pitched toward the tank – no dips.
- ☑ Taken from the top of tank.
- ☑ Shall terminate outside of the building.
- ☑ 2 ft. measured vertically or horizontally from any building opening.
- ☑ Shall terminate with a weatherproof cap.
- ☑ Shall be located sufficiently above the ground (snow cover).

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2-27-09
Control # 08724
Date Issued
Permit # 1000703 69

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

Block 237-09 Lot 10 Qualification Code
Work Site Location 10 Peacock Pl Howell NJ 07731
Owner in Fee Andrea Esposito
Address 10 Peacock Pl Howell NJ 07731
Tel ([redacted]) [redacted]
Contractor Dover Oil Co
Address 239 Dover Rd 30 Toms River NJ 08757
Tel (732) 349-1551 FAX ( ) —
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present ____ Proposed ____ Location of Panel:
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other Location of Main Control Valve:
Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ____

Total Cost of Fire Protection Work $ 825

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the [illegible] to make this application as [illegible]

Applicant's Signature/Contractor's Signature Carol Boynton

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install Roth AST (275 Gallons)

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other Tank Install	1	50.00
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 50.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 2/25/09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] TCO [ ] CA
Date: 4/15/09
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			4/15/09	
Other FINAL				

Donna Belton

From: Eileen Cusa
Sent: Monday, June 08, 2020 11:54 AM
To: Donna Belton
Subject: RE: OPRA 20-690

Good morning,

No land use/code files found for OPRA 20-690.
Thank You

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 3:41 PM
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 20-690

Good Afternoon,

Attached please find OPRA 20-690 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