>
> > ---------- Original Message ----------
> > From: Nici Ten Hoeve <opra+request-14240-f5d91285@requests.opramachine.com>
> > To: OPRA requests at Hazlet Township <EGrandi@Hazlettwp.org>
> > Date: June 8, 2020 2:54 PM
> > Subject: OPRA request - OPRA Request
> >
> >
> > Dear Hazlet 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.
> >
> > 2027 Florence Avenue, Hazlet, NJ 07730
> >
> > Lot: 28
> > Block: 64
> >
> > 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-14240-f5d91285@requests.opramachine.com
> >
> > Is EGrandi@Hazlettwp.org the wrong address for OPRA requests to Hazlet Township? If so, please contact us using this form:
> > https://opramachine.com/change_request/new?body=hazlet_township
> >
> > Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
> > https://opramachine.com/help/officers
> >
> > View this OPRA request & responses online:
> > https://opramachine.com/request/opra_request_1164
> >
> >
> > Please note that in some cases publication of requests and responses will be delayed.
> >
> > If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.
> >
> > ---

CONSTRUCTION DEPARTMENT

CLOSED PERMITS

BLOCK 64 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) 2027 Florence Ave PERMIT NO. 99-1195

CONSTRUCTION PERMIT APPLICATION

CO RELATED

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

I. IDENTIFICATION

1. Proposed Work Site at: 2027 Florence Ave. Hazlet
2. Name of Owner in Fee: Iandoli, Michael M/M Tel ([redacted]
   Address 2027 Florence Ave. Hazlet, NJ 07730
   street municipality state zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Meridian Environmental Services, Inc. Tel (732) 831-1910
   Address PO Box 4273, Brick, NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3662857 FAX (_____) _____
5. Architect or Engineer _____ Tel (_____) _____
   Address _____
6. Responsible Person in Charge of Work: Chris DeLucca
   Tel (732) 831-1910 x 105 FAX (732) 831-1911

Removal of one 550 gal underground #2 Heating oil tank.

11/15/99 4:50 P.M. called contractor - permit ready

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 35		
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	1		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 34		

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	500								
2.	☐ New Building									
3	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subcn. #									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	500								

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 1
After Construction 1
Net Gain or Loss 0

B NON-RESIDENTIAL

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

UCC F100-1 (rev 3/98)

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 MERIDIAN ENVIRONMENTAL SERVICES, INC

Address PO BOX 4273
BRICK, NJ 08723-4273

Telephone ( ) 732 836-1990

Signature _____ (WET SEAL)

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

UCC Form 2 (rev. 2/98)

OFFICE DATE RECEIVED 11-15-99 (check w/ to pick up 11/19/99)

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

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

	Name of Code & Edition		Name of Code & Edition
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	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.			
☐	Conditional Certificate of Occupancy	No.			
☐	Certificate of Compliance	No.			
☐	Certificate of Occupancy	No.			
☐	Certificate of Approval	No.			
☐	Lead Abatement Clearance Certificate	No.			

UCC Form 2 (rev. 2/98)

CERTIFICATE

Date Issued: 9/28/16
Control #: 000000
Permit #: 1999-1195

Block #: 64 Lot #: 28
Work Site Location: 2027 Florence Avenue
Hazlet, NJ 07730
Owner in Fee/Occupant: Michael Iandoli
Address: 2027 Florence Avenue
Hazlet, NJ 07730
Telephone: [redacted]
Contractor: Meridian Environmental Services
Address: PO Box 4273
Brick, NJ 08723
Telephone: 732-831-1910
Lic. No or Bldrs. Reg. No.
Federal Emp. No. 223663857

Home Warranty No.
Type of Warranty Plan ( ) State ( )Private
Use Group: R5
Maximum Live Load:
Construction Classification: 5B
Maximum Occupancy Load:

Description of Work/Use:

Removal of one 550 gal underground oil tank

( ) CERTIFICATE OF OCCUPANCY
This serves notice that said building structure has been constructed in Accordance with the NJ 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 NJ Uniform Construction Code and is approved. If the Permit was issued for minor work, this certificate is based upon what was visible At the time of inspection

( ) TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or the owner will be subject to fine or order to vacate

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

( ) CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy

( ) CERTIFICATE OF COMPLIANCE
This serves notice that potentially hazardous equipment has been installed or maintained in accordance with the NJ Uniform Construction Code and is approved for use until

Fee $34
Paid (X) Check # 1125
Collected by: AMB

Dennis Pino, Construction Official

U.C.C. F260
(rev. 12/99)

Jennifer O'Keeffe

From: Jennifer O'Keeffe <jokeeffe@hazlettwp.org>
Sent: Thursday, September 29, 2016 2:43 PM
To: 'lmcpeek@hazlettwp.org'
Subject: 2027 Florence Avenue - CO RELATED

9/29/16

Address: 2027 Florence Avenue - CO RELATED
Block #: 64, Lot #: 28
Description of Work:

Laura

FYI.....

I do not have any permit (old program or current program) for a water heater at the above address.

Note: Permit # 1999-1195 for tank removal has been inspected, closed in the computer and CA signed by Dennis.

Thank you.

Jennifer O'Keeffe
Hazlet Township
Construction Department
1766 Union Avenue
Hazlet, NJ 07730
732-264-1700 X8664
732-264-0659 (FAX)
jokeeffe@hazlettwp.org

Jennifer O'Keeffe

From: Jennifer O'Keeffe <jokeeffe@hazlettwp.org>
Sent: Wednesday, September 28, 2016 5:04 PM
To: 'Laura McPeek'
Subject: RE: 2027 Florence

9/28/16

Address: 2027 Florence Avenue
Block #: 64, Lot #: 28

Laura

According to the GovOnline System, I do not see a permit submitted for a water heater.

I will check to see if it was an old permit (not the GovOnline System) in the file room.

Thank you.

Jennifer

From: Laura McPeek [mailto:lmcpeek@hazlettwp.org]
Sent: Wednesday, September 28, 2016 8:25 AM
To: abrahamsharaby@gmail.com
Cc: 'Michelle Powers'; 'Jennifer O'Keeffe'
Subject: RE: 2027 Florence

According to the GovOnline site, the fire inspection passed. I have not received notice from the Construction department about the oil tank permit yet. When it is closed out and approved by the construction official, they will send me an email and I will mark it as closed.
Thanks,
Laura

From: abrahamsharaby@gmail.com [mailto:abrahamsharaby@gmail.com]
Sent: Wednesday, September 28, 2016 8:02 AM
To: Laura McPeek
Cc: Golden Holdings
Subject: RE: 2027 Florence

Laura,

I had a fire inspection scheduled for Yesterday. Did I pass?
Also had an inspection for an old oil tank removal open permit. Has the permit been closed?

Sincerely,
Abraham Sharaby

From: Laura McPeek
Sent: Wednesday, September 21, 2016 9:13 AM

To: abrahamsharaby@gmail.com
Cc: 'Hazlet'
Subject: 2027 Florence

Below is the list of CO items identified by the inspector:

New hot water heater- permit required
Const hold-open permit oil tank

1- high grass and weeds
2-cut brush back off shed
3- holes in shed siding and soffit
4-remove debris from lot. Old propane tanks, other
5-weeds base of house, elsewhere
6- electric panel in living room not attached to wall
7-loose wires near door in living room
8- holes in rear screen

Please note: a new fire inspection date must be scheduled as it was not done on 9/19.

Laura McPeek
Hazlet Township Zoning Office
Land Use Board Secretary
1766 Union Avenue
Hazlet, NJ 07730
(732)264-1700 x8659
(732)264-0659 fax
lmcpeek@hazlettwp.org

Jennifer O'Keeffe

From: Jennifer O'Keeffe <jokeeffe@hazlettwp.org>
Sent: Wednesday, September 28, 2016 4:59 PM
To: 'Laura McPeek'
Subject: RE: 2027 Florence

9/29/16

Address: 2027 Florence Avenue
Block #: 64, Lot #: 28
Permit #: 1999-1195
Description of Work: Tank Removal

Laura

The tank removal has been inspected, closed in the computer and the certificate of approval has been signed by Dennis Pino, Construction Official.

You can release the CCO.

Thank you.

Jennifer

From: Laura McPeek [mailto:lmcpeek@hazlettwp.org]
Sent: Wednesday, September 28, 2016 8:25 AM
To: abrahamsharaby@gmail.com
Cc: 'Michelle Powers'; 'Jennifer O'Keeffe'
Subject: RE: 2027 Florence

According to the GovOnline site, the fire inspection passed. I have not received notice from the Construction department about the oil tank permit yet. When it is closed out and approved by the construction official, they will send me an email and I will mark it as closed.
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Cc: Golden Holdings
Subject: RE: 2027 Florence

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Also had an inspection for an old oil tank removal open permit. Has the permit been closed?

Sincerely,
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From: Laura McPeek
Sent: Wednesday, September 21, 2016 9:13 AM
To: abrahamsharaby@gmail.com
Cc: 'Hazlet'
Subject: 2027 Florence

Below is the list of CO items identified by the inspector:

New hot water heater- permit required
Const hold-open permit oil tank

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2-cut brush back off shed
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5-weeds base of house, elsewhere
6- electric panel in living room not attached to wall
7-loose wires near door in living room
8- holes in rear screen

Please note: a new fire inspection date must be scheduled as it was not done on 9/19.

Laura McPeek
Hazlet Township Zoning Office
Land Use Board Secretary
1766 Union Avenue
Hazlet, NJ 07730
(732)264-1700 x8659
(732)264-0659 fax
lmcpeek@hazlettwp.org

NO Hard Copy

Weeds No Further Action

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11-18-99
Date Issued
Control #
Permit # 99-1195

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

Block 64 Lot 28
Work Site Location 2027 Florence Ave
Hazlet, NJ 07730
Owner in Fee Tandoli, Mim Michael
Address 2027 Florence Ave
Hazlet
Tele. [redacted]
Contractor MERIDIAN ENVIRONMENTAL SERVICES
Address PO BOX 4273
BRICK, NJ 08723-4273
Tele. (732) 831-1910 Fax (732) 831-1911
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3663857

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 (MEST)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Removal of one 550 gal Underground oil tank.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11/15	BM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/26/16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	11/19	BS	9/26/16	JSM
Barrier-Free			ones	

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

FEE (Office Use Only)

	$
Administrative Surcharge	$
Minimum Fee	$ 53
DCA Training Fee	$
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ -0-
2. Alteration $ 500
3. Total (1+2) $ 500

11/19/99 Task Closing

Need no further action letter from N.C. DEP.

J. H. Bailey

Address: 2027 Florence Avenue

9/13/16

Received voice message from Ken, Attorney, Office # 201-646-1864, Cell # 201-694-0828, stated: Has no further action letter, needs inspection date.

Discussed this with Dennis, obtain copy of no further action letter and schedule inspection date.

9/13/16

Left voice message for Ken to call the office, need copy of no further action letter, it can be faxed t 732-64-0659, need to schedule inspection date.

9/19/16

Same as above.

-090
95

New Jersey Department of Environmental Protection

COMMUNICATIONS CENTER NOTIFICATION REPORT

4 04/28

Received: 11/19/1999 | TD Log#: 53792

Operator: JULIE | Reviewed By: | Case #: 99-11-19-1102-50

Notification Type: Other

Reported By	Affiliation	Phone
ANTHONY SALVIMINI	MARIDIAN ENVIRO	732-831-1910

Street Address	Municipality	State
PO BOX 4273	BRICK TWP	NJ

Incident Location: Other

Site: RESIDENCE AT | Phone:

Street Address	Municipality	County	State
2027 FLORENCE AVE	HAZLET	MONMOUTH	NJ

Location Type: Residential | Incident Date: 11/19/1999 | Time: 1100

Substance Released: OIL HEATING #2

Amount Released ( ): UNKNOWN

ID: Known | State: Liquid | CAS#: | Release Is: Terminated

Additional Substances:

Substance Contained?: Yes | Hazardous Material?: Y | TCPA?: N | A310 Letter?: Y

COMU Code: 1339 | Referral Code: 101 | Is Hazardous Waste Involved?: No

Incident Description: Underground Storage Tank

Injuries?	Public Evac?	Facility Evac?	Public Exposure?
No	No	No	No

Police On Scene?	Firemen On Scene?	DEP Requested?	Road Closure?
No	No	No	No

Wind Speed/Direction	Contamination Of	Receiving Water
	Land	

Status at Scene: 1/550 GAL UST REMOVED.SOIL CONT FOUND.CLEAN UP TO BE DONE

Responsible Party: Known

Party: CITIZEN | Phone: 732-739-6718

Contact: MICHAEL IANDOLI | Title: OWNER

Street Address	Municipality	County	State
2027 FLORENCE AVE	HAZLET 07730	MONMOUTH	NJ

OFFICIALS NOTIFIED

	Name	Affiliation	Phone	Date	Time
NJSP					
MUNIC	HAZLET TWP	DISP RYAN Office	732-264-6565	11/19/1999	1105
OTHER					

	Name	Affiliation	Method	Date	Time
1.		BFO-CAS DRPSR	Faxed, Mailed	11/19/1999	
2.					
3.					

COMMENTS

Found
tools at
copy
machine

Kenneth P. Traum, Esq.
Attorney at Law

90 Main Street
Suite 305
Hackensack, NJ 07601
Telephone: 201-646-1864
Telefax: 201-646-1865

RECEIVED
SEP 21 2016
CONSTRUCTION DEPARTMENT

Fax

To: Jennifer O'Keefe **From:** Kenneth P. Traum, Esq.

Fax: 732-264-0659 **Pages:**

Cc: **Date:** September 21, 2016

Re: 2027 Florence Avenue, Hazlet, New Jersey
Block 64 Lot 28
Open Permit No. 1155

Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:** I am the attorney for the owner of the above described property. I wrote you on September 15, 2016 regarding the open permit arising from the removal of an Underground Storage Tank ("UGST") and I provided you with documentation evidencing same along with a copy of the No Further Action Letter You advised me that an inspection will be done on Monday September 26, 2016. Documentation received from Hazlet pursuant to an OPRA request indicates that the UGST was under the driveway. See attached.

I have been informed that the house, which is vacant will be unlocked if the inspector wishes to go into the house as part of his inspection. Please advise me if this is satisfactory or advise me if someone must be present for the inspection to be conducted. If so, I will make arrangements for same.

Thank you for your assistance.

Attorney
Key
to fax
additional
info to
bank counsel
under delivery
* See Attached (*

February 16, 2000

Hazlet Buildings Dept.
Attn: Mr. Terranova
319 Middle Road
Hazlet, NJ 07730

Re: 2027 Florence Avenue, Hazlet ., NJ

Dear Mr. Terranova:

Please be advised that I, Keith Bloodgood, the undersigned purchaser of the above referenced property (2027 Florence Avenue, Hazlet, NJ) am fully aware that a "no further action" letter has not yet been issued by the DEP and that the parties are awaiting issuance of same.

Furthermore, I am aware of the fact that steps have been taken by the sellers to correct any problems regarding the oil tank at the premises, and I am aware that, due to the weather conditions, the driveway of the premises cannot be asphalted until after the winter months are over. I intend to proceed with the purchase of the premises before that time, and the sellers have made arrangements for the driveway to be asphalted after the closing of title herein. I will ensure that the driveway condition will be corrected and that a "no further action letter" will be issued within six (6) months of this date.

I am writing this letter to induce the Hazlet buildings department to issue the necessary certificate of occupancy so I may proceed with the purchase of the above referenced property.

Very truly yours,

Keith Bloodgood

Keith Bloodgood

RFS/wp

Pamela L Fink 2/23/2000

PAMELA L FINK
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires March 2, 2000

Returned 2/23/00 3:55 PM.

Kenneth P. Traum, Esq.
Attorney at Law

95 Main Street
Suite 305
Hackensack, NJ 07601
Telephone: 201-845-1854
Telefax: 201-845-1855

Fax

To: Jennifer O'Keefe — From: Kenneth P. Traum, Esq.

Fax: 732-264-0859 — Pages:

Cc: — Date: September 15, 2016

Re: 2027 Florence Avenue, Hazlet, New Jersey
Block 66 Lot 28
Open Permit No. 9136

Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Commentar I am the attorney for the owner of the above described property, who acquired title about 1 year ago as a result of a foreclosure upon the prior owner. My client has entered into a contract to sell the property. An OPRA search revealed an open permit relating to the removal of an underground storage tank, which took place about 1988. The documents received pursuant to the OPRA request relating to said open permit are enclosed herewith.

Subsequent to the receipt of the aforementioned documentation a request made upon the NJDEP disclosed the existence of a No Further Action letter ("NFA") issued July 18, 2000 with respect to the said tank removal. A copy of that documentation is enclosed herewith.

You informed my staff in your office earlier this week and left a voice message requesting that I send you the NFA and further indicating that an inspection is necessary. It was unclear to me if you were referring to scheduling an inspection for the closure of the open permit or an inspection necessary for the sale of the property. It is my understanding

Laura - 9/2/16
Jennifer - 9/7/16

RECEIVED
SEP 08 2016
MUNICIPAL CLERK

TOWNSHIP OF HAZLET
1766 UNION AVENUE, P.O. BOX 371
HAZLET, NJ 07730

REQUEST FOR PUBLIC RECORDS
SEE INSTRUCTIONS ON THE NEXT PAGE

RECEIVED
SEP 7 2016
ZONING & PLANNING

Name: ANNA MARIA SILVESTRI

Address: 675 BROAD ST. / BROKERS 3 REALTORS
SHREWSBURY, N.J. 07702

Telephone (Day): 908-433-2250

RECEIVED
SEP 07 2016
MUNICIPAL CLERK

Information Requested

Copy of Document (specify name or entity, date, topic or other identifying information)

Copy of Ordinance or Resolution (specify date, number or other identifying information)
A COPY
LOOKING FOR ANY PERMITS PERTAINING TO HISTORY OF ADDITIONS / CONSTRUCTION / UNDERGROUND OIL TANK REMOVAL.
9/8/16
Zoning records do not reflect any relevant permits.

Police Accident Report — Fee: _____

Identify Accident: _____

Other (Specify): _____

License Information (Specify): _____

Information on Specific Property — Address: 2027 FLORENCE AVE.
Block 64 Lot 28

Municipal Lien Search — Fee: _____

Municipal Lien Searches are provided by the designated records officer and will be provided within 15 days after the request is received and the fee paid, as provided in N.J.S.A. 54:5-11, et seq.

List of Property Owners within 200' — Fee: _____

As provided in N.J.S.A. 40:55D-12, the fee is the greater of $1.25 per name or $10.00.

OPEN PERMIT

BK 64 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) 2027 Florence Ave, PERMIT NO. 1145

CONSTRUCTION PERMIT APPLICATION

dication Completion: Sections I, II (optional), IV, VI, and VII

IDENTIFICATION

1. Property Located at: 2027 Florence Ave Manasquan
2. Name of Owner in Fee: Tandoli, Michael M/M TEL. [redacted]
   Address: 2027 Florence Ave, Manasquan, NJ 08736
   (street, municipality, zip code)
3. Ownership in Fee: Public _____ Private Y
4. Principal Contractor: Meridian Environmental Services, Inc TEL. (732) 681-1910
   Address: PO Box 4273, Toms River, NJ 08753
   License No. (CR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employer No. 22-3663857 FAX: ( ) _____
5. Architect or Engineer _____ TEL. ( ) _____
   Address _____
6. Responsible Person in Charge of Work Chris DeLucca
   TEL. (732) 831-1910 x 105 FAX (732) 831-1911

Removal of one 550 gal underground #2 Heating Oil tank.

11/15/11 9:58 AM. called contractor - remaining

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 35		
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. Surcharge			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 35		

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 Reviewed By	Date Rec'd	Rejection Date	Approval Date	Re-Viewer	Resubmission Dates Approval / Rejection	Re-Viewer
1. ☒ Minor Work	300							
2. ☐ New Building								
3. ☐ Addition								
4. ☐ Alteration								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Rdmdl. &								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	300							

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 Malls
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ House (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

Nos. of Dwelling Units:
Before Construction 1
After Construction 1
Net Gain or Loss 0

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

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. 5:23-2.15(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 MERIDIAN ENVIRONMENTAL SERVICES, INC
Address PO BOX 4273
BRICK, NJ 08723-4273

Telephone (732) 732-831-1910

Signature [signature] (AGENT)

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

CONSTRUCTION PERMIT

Date Issued 11-18-99
Control #
Permit # 99-1195

IDENTIFICATION Block 64 Lot 28

Work Site Location 207 Florence Ave
Owner in Fee Emanuel, Mr/Mrs Michael
Address Same
Tele. ( ) [redacted]

Contractor MERIDIAN ENVIRONMENTAL SERVICES
Address PO BOX 4279
BRICK NJ 08723-4279
Tele (732) 451-1610
Lic. No. or Bldr. Reg. No. Exp. Date
Federal Emp. No. 22-3668827
or Social Security No.

Is hereby granted permission to perform the following work:
( ) BUILDING ( ) PLUMBING ( ) OTHER
( ) ELECTRICAL ( ) FIRE PROTECTION
( ) ELEVATOR DEVICES

DESCRIPTION OF WORK:
Removal of one 550 gal underground oil tank

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 $ 500

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	55
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
BOA Training Fee	
Cert. of Occ.	
Other	
Total	55
Check No.	1135
Cash	
Collected By:	

(Date received stamp)

U.C.C. Form F-1730 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

SUBCODE
TECHNICAL SECTION

Date Received 11-18-9
Date Issued
Control #
Permit # 99-1195

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

64 Lot 28
Site Location 2027 Florence Ave
Hazlet NJ 07730
Work For Iandoli, Mr. Michael
2027 Florence Ave
Hazlet
([redacted]
Contractor MERIDIAN ENVIRONMENTAL SERVICES
PO BOX 4273
BRICK NJ 08723-4273
(732) 821-1616 Fax (732) 821-1911
Lic. or Bldrs. Reg. No.
Fed Emp. No. 22-3663857

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 (MES)

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Removal of one 550 gal underground oil tank.

SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
No Plans Required	11/15	[illegible]	Type:				
All			Footing				
Footing			Foundation				
Foundation			Slab				
Frame			Frame				
Other			Barrier-Free				
Plan Review Required			Insulation				
( ) Elec. ( ) Plumb. ( ) Fire ( ) Elevator			Finishes				
SUBCODE APPROVAL			Energy				
( ) CO ( ) CCO ( ) CA			Mech/Heat				
Date:			TOD				
Approved by:			Other	[illegible]	[illegible]		
			Final				
			Barrier-Free				

Dates (Mon/Day)

BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ ——
2. Alteration $ 500
3. Total (1 + 2) $ 500

TYPE OF WORK:
( ) New Building
( ) Addition
( ) Alteration
( ) Roofing
( ) Siding
( ) Fence ______ Height (exceeds 6')
( ) Sign ______ Sq. Ft.
( ) Pool
( ) Asbestos Abatement Subchapter 8
( ) Lead Haz. Abatement NJAC 5:17
(X) Other Tank Removal
( ) Demolition

FEE (Office Use Only)
$ ______

Administrative Surcharge $ ______
Minimum Fee $ 53
DCA Training Fee $ ______
TOTAL FEE $ ______

U.C.C. F170 (rev. 3/96)
1 White = Inspection Copy
2 Pink = Office Copy
3 Canary = Office Copy
4 Gold = Applicant Copy

[illegible]/99 Tank Closure

Need No Further action letter from NJ DEP

[illegible]

BUILDING
SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Contract #
Permit #

NTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING FACTORS, NOTIFY THIS OFFICE. CALL UTILITY ONE NO: 1-800-272-1000.

Lot

Site Location

Tel Fax

ip

ator

ss MERIDIAN ENVIRONMENTAL SERVICES
PO BOX 4278
BRICK, NJ 08723-4278

r or Bldrs. Reg. No.

Emp. No.

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SUMMARY (Office Use Only)

REVIEW	Date	Initial
No Plans Required		
All		
Footing		
Foundation		
Frame		
Other		

Plan Review Required?
Elec. [ ] Plumb. [ ] Fire [ ] Elevator

CODE APPROVAL
[ ] CO [ ] COO [ ] CA
#:
Issued By:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Plumbing				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (enclose if)
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

BUILDING CHARACTERISTICS
Group Present Proposed
Use Class Present Proposed
Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $
Ft.
Sq. Ft.
Sq. Ft.
Use of Bldg. during
Land Area Disturbed Sq. Ft.

U.C.C. 5116
(rev. 1/04)

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

CONSTRUCTION DEPARTMENT
3400 Highway 35 Suite 9
Hazlet , NJ 07730
(908) 264-5707

Peter A. Jemanova Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR,

Address 12027 Florence Ave

Type of Work 0.T Tank Removal

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.18.

I Further understand that failure to call for all required inspections will make me liable for a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23-2.31 (b) 1.

Failure to notify this office of the completion of the project will subject you to a monetary penalty of $500 The maximum in accordance with N.J.A.C. 5:23-2.31 (b) 1.

(Agent for, Esq)

Signature of owner or other responsible person in charge of work.

PO Box 4273 Bkrt, NJ 08723

Address

732-831-1910

Phone

11-15-99

Date

Kenneth P. Traum, Esq.
Attorney at Law

90 Main Street
Suite 305
Hackensack, NJ 07601
Telephone: 201-646-1864
Telefax: 201-646-1865

Fax

To: Jennifer O'Keefe **From:** Kenneth P. Traum, Esq.

Fax: 732-264-0859 **Pages:**

Cc: **Date:** September 15, 2016

Re: 2027 Florence Avenue, Hazlet, New Jersey
Block 64 Lot 28
Open Permit No. 1195

Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• **Comments:** I am the attorney for the owner of the above described property, who acquired title about 1 year ago as a result of a foreclosure upon the prior owner. My client has entered into a contract to sell the property. An OPRA search revealed an open permit relating to the removal of an underground storage tank which took place about 1999. The documents received pursuant to the OPRA request relating to said open permit are enclosed herewith.

Subsequent to the receipt of the aforementioned documentation a request made upon the NJDEP disclosed the existence of a No Further Action letter ("NFA") issued July 18, 2000 with respect to the said tank removal. A copy of that documentation is enclosed herewith.

You returned my call to your office earlier this week and left a voice message requesting that I send you the NFA and further indicating that an inspection is necessary. It was unclear to me if you were referring to scheduling an inspection for the closure of the open permit or an inspection necessary for the sale of the property. It is my understanding that

property for September 19, 2016. Will this inspection be sufficient (i.e. incude) inspection for the permit closure if that was the necessary inspection you were speaking of or is another inspection necessary to be scheduled? If another inspection is necessary, please provide me with the contact information of the office/person with whom it is to be made.

Thank you for your assistance.

Laura - 9/7/16
Jennifer - 9/7/16

RECEIVED
SEP 7 2016
ZONING & PLANNING

RECEIVED
SEP 08 2016
MUNICIPAL CLERK

TOWNSHIP OF HAZLET
1766 UNION AVENUE, P.O. BOX 371
HAZLET, NJ 07730

REQUEST FOR PUBLIC RECORDS
SEE INSTRUCTIONS ON THE NEXT PAGE

ANNA MARIA SILVESTRI

Address: 675 BROAD ST. / BROKERS 3 REALTORS
SHREWSBURY, N.J. 07702

Telephone: (Day) 908-433-2250

RECEIVED
SEP 07 2016
MUNICIPAL CLERK

Information Requested:

Copy of Minutes (specify board or entity, date, topic or other identifying information)

Copy of Ordinance or Resolution (specify date, number or other identifying information)

A COPY
LOOKING FOR ANY PERMITS PERTAINING TO HISTORY OF ADDITIONS / CONSTRUCTION / UNDERGROUND OIL TANK REMOVAL.

9/8/16
Zoning records do not reflect any relevant permits.
JM

Police Accident Report Fee:

Identify Accident:

Other (Specify)

License Information (Specify)

Information on Specific Property Address 2027 FLORENCE AVE.
Block 64 Lot 28

Municipal Lien Search Fee:

Municipal Lien Searches are provided by the designated search officer and will be provided within 15 days after the request is received and the fee paid, as provided in N.J.S.A. 54:5-11, et seq.

List of Property Owners within 200' Fee:

As provided in N.J.S.A. 40:55D-12, the fee is the greater of $.25 per name or $10.00.

OPEN PERMIT

CONSTRUCTION PERMIT

Date Issued 11-18-99
Control #
Permit # 99-1195

IDENTIFICATION Block 64 Lot 28

Work Site Location 2027 Florence Ave
Harlet
Owner in Fee Fandoli, M/M Michael
Address Same
Tele. ( ) [redacted]

Contractor MERIDIAN ENVIRONMENTAL SERVICES
Address PO BOX 4273
BRICK, NJ 08723-4273
Tele. (732) 831-1910
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. 22-3663857
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Removal of one 550 gal Underground oil tank

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 $ 500

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	35
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	34
Check No.	1135
Cash	
Collected By:	DmB

(see reverse side)

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

State of New Jersey
Department of Environmental Protection

Christine Todd Whitman
Governor

Robert C. Shinn, Jr.
Commissioner

Division of Responsible Party Site Remediation
Southern Field Office
P.O. Box 407
Trenton, New Jersey 08625-0407
(609) 584-4150
(609) 584-4170 - Fax

July 18, 2000

Michael L. Iandoli
2027 Florence Avenue
Hazlet, New Jersey 07730

Re: Unrestricted Use No Further Action Letter and Covenant Not to Sue
2027 Florence Avenue, Hazlet, Monmouth County
KCSL #NJL800534711; Block: 64 Lot: 28
Area of Concern – 550 Gallon #2 Fuel Oil Underground Storage Tank
Case #99-11-19-1102-50; File #13-39-67
Memorandum of Agreement dated December 14, 1999

Dear Mr. Iandoli:

Pursuant to N.J.S.A. 58:10B-13.1 and N.J.A.C. 7:26C, the New Jersey Department of Environmental Protection (Department) makes a determination that no further action is necessary for the remediation of the referenced area of concern based upon information in the Department's case file, representations provided to the Department and final certified Remedial Action Report dated April 18, 2000. All work was certified by you on June 14, 2000.

By issuance of this No Further Action Determination, the Department acknowledges the completion of a Remedial Action pursuant to the Technical Requirements for Site Remediation (N.J.A.C. 7:26E et seq) for the 550 gallon #2 fuel oil underground storage tank removed on November 19, 1999, and no other areas. Post excavation sample analytical results were below cleanup criteria applicable for the site. Ground water was sampled and the results indicated that all compounds were below the Ground Water Quality Standards (N.J.A.C. 7:9-6).

COVENANT NOT TO SUE

The Department issues this Covenant Not to Sue pursuant to N.J.S.A. 58:10B-13.1. That statute requires a Covenant Not to Sue with each No Further Action Letter. However, in accordance with N.J.S.A. 58:10B-13.1, nothing in this Covenant shall benefit any person who is liable, pursuant to the Spill Compensation and Control Act (Spill Act), N.J.S.A. 58:10-23.11, for cleanup and removal costs and the Department makes no representation by the issuance of this Covenant, either express or implied, as to the Spill Act liability of any person.

The Department covenants, except as provided in the preceding paragraph, that it will not bring any civil action against the following:

(a) the person who undertook the remediation;
(b) subsequent owners of the subject property;
(c) subsequent lessees of the subject property;
(d) subsequent operators at the subject property,

for the purposes of requiring remediation to address contamination which existed prior to the date of the final certified report for the real property identified above, or payment of cleanup and removal costs for such additional remediation.

Pursuant to N.J.S.A. 58:10B-13.1d, this Covenant does not relieve any person from the obligation to comply in the future with laws and regulations. The Department reserves its right to take all appropriate enforcement for any failure to do so.

The Department may revoke this Covenant at any time after providing notice upon its determination that any person with the legal obligation to comply with any condition in this No Further Action Letter has failed to do so.

This Covenant Not to Sue, which the Department has executed in duplicate, shall take effect immediately once the person who undertook the remediation has signed and dated the Covenant Not to Sue in the lines supplied below and the Department has received one copy of this document with original signatures of the Department and the person who undertook the remediation.

Name: Michael L. Iandoli

Signature:_____

Title:_____

Dated:_____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Name: Thomas W. Downey

Signature: Thomas W. Downey

Title: Section Chief

Dated: 7-18-2000

Please be advised that pursuant to the Procedures for Department Oversight of the Remediation of Contaminated Sites (N.J.A.C. 7:26C et seq) you are required to reimburse the Department for oversight of the remediation. The Department will be issuing a bill within the next four months.

Thank you for your attention to these matters. If you have any questions, please contact Furman Stoop at (609) 584-4150.

Sincerely,

Thomas W. Downey, Section Chief
Bureau of Field Operations

c: Health Department
Mid Atlantic Associates
File #13-39-67

CONSTRUCTION PERMIT

Date issued 11-18-99
Control #
Permit # 99-1195

IDENTIFICATION Block 64 Lot 28

Work Site Location 2027 Florence Ave
Harlet

Owner in Fee Iandoli, m/m michael

Address Same

Tele. (____) [redacted]

Contractor MERIDIAN ENVIRONMENTAL SERVICES

Address PO BOX 4273
BRICK, NJ 08723-4273

Tele. (732) 831-1910

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. 22-3663857

or Social Security No. _____

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Removal of one 550 gal Underground oil tank

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 $ 500

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	33
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.
Cert. of Occ.	
Other	
Total	34
Check No.	1125
Cash	
Collected By:	AmB

(see reverse side)

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11-15-99
Date Issued
Control #
Permit # 99-1195

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

Block 64 Lot 28
Work Site Location 2027 Florence Ave
Hazlet, NJ 07730
Owner in Fee Iandoli, Ruth Ann Pearl
Address 2027 Florence Ave
Hazlet
Tele. [redacted]
Contractor
Address MERIDIAN ENVIRONMENTAL SERVICES
PO BOX 4273
Tele. (732) 831-BRICK, NJ 08723-4273 (732) 521-1911
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3663857

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Removal of one 550 gal underground oil tank.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	11/15	[signature]
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 500
3. Total (1+2) $ 500

TYPE OF WORK
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other Tank Removal
[ ] Demolition

FEE (Office Use Only)

	$
Administrative Surcharge	$
Minimum Fee	$ 50
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110 (rev. 3/96)

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

HAZLET TOWNSHIP

CONSTRUCTION DEPARTMENT
3400 Highway 35 Suite 9
Hazlet , NJ 07730
(908) 264-5707

Peter A. Terranova Construction Code Official

I UNDERSTAND THAT WHEN A PERMIT IS ISSUED FOR,

Address 2027 Florence Ave

Type of Work 0.7 Tank Removal

I will be responsible for requesting all required inspections at the above address in accordance with N.J.A.C. 5:23-2.18.

I Further understand that failure to call for all required inspections will make me liable for a monetary penalty of $500. The maximum in accordance with N.J.A.C. 5:23-2.31 (b) 1.

Failure to notify this office of the completion of the project will subject you to a monetary penalty of $500 The maximum in accordance with N.J.A.C. 5:23-2.31 (b) 1.

(Meridia, ESE)

Signature of owner or other responsible person in charge of work.

PO Box 4273 Brick, NJ 08723

Address

732-831-1910

Phone

1-15-99

Date

MERIDIAN
ENVIRONMENTAL SERVICES, INC.

Fax

To: Bldg Dept	**From:** Anthony Salvemini
Fax: 264-5724	**Pages:** 1
Phone:	**Date:** 11-19-99
Re: Oil tank discharge	**CC:**

☐ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Site: 2027 Florence Ave.
Blk: 64 Lot: 28
permit 99-1195

The NJDEP Case # for the above referenced site is 99-11-19-1102-50.

If you have any questions, call our office @ 831-1910.

Thank you.

P.O. Box 4273, Brick, N.J. 08723 Phone: 732 - 831 - 1910 Fax: 732 - 831 - 1911

Not Acceptable

January 31, 2000

Hazlet Buildings Dept.
Attn: Mr. Terranova
319 Middle Road
Hazlet, NJ 07730

Hazlet K.B.

Re: 2027 Florence Avenue, ~~Keyport~~, NJ

Dear Mr. Terranova:

Please be advised that I, Keith Bloodgood, the undersigned purchaser of the above referenced property (2027 Florence Avenue, ~~Keyport~~, NJ) am fully aware that a "no further action" letter has not yet been issued by the DEP and that the parties are awaiting issuance of same.

K.B. Hazlet

Furthermore, I am aware of the fact that steps have been taken by the sellers to correct any problems regarding the oil tank at the premises, and I am aware that, due to the weather conditions, the driveway of the premises cannot be asphalted until after the winter months are over. I intend to proceed with the purchase of the premises before that time, and the sellers have made arrangements for the driveway to be asphalted after the closing of title herein.

I am writing this letter to induce the Hazlet buildings department to issue the necessary certificate of occupancy so I may proceed with the purchase of the above referenced property.

Very truly yours,

Keith Bloodgood

Keith Bloodgood

RFS/wp

Sworn and Subscribed to
me this 9 day of February 2000.

Notary Public

[illegible] CHAMBERLAIN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires April 15, 2001

739-6718

Received 2/16/00
P.T.

ROBERT F. SCHILLBERG, JR., P.C.
ATTORNEY AT LAW
10 WEST BERGEN PLACE - SUITE 206
RED BANK, NEW JERSEY 07701
phone: (732) 758-1990
facsimile: (732) 758-6260

ADMITTED TO PRACTICE -
NEW JERSEY & NEW YORK

e-mail: chilly11@idt.net
website: http://idt.net/~chilly11

FACSIMILE COVER SHEET

TO:

NAME: MR. TERRANOVA FAX NO.: 264-1785

FIRM: BLDGS DEPT. TEL. NO.: _____

* * * * *

NAME: _____ FAX NO.: _____

FIRM: _____ TEL. NO.: _____

* * * * *

NAME: _____ FAX NO.: _____

FIRM: _____ TEL. NO.: _____

* * * * *

FROM: ROBERT F. SCHILLBERG, JR. TEL./FAX NO.: (732) 758-6260

DATE: 2/16/00 TIME SENT: 1PM

TOTAL NO. OF PAGES INCLUDING COVER SHEET: 2

COMMENTS: MR. TERRANOVA: PLEASE ADVISE IF THE CHANGE ON THE LAST LINE OF THE 2d PARAGRAPH IS SATISFACTORY. THANK YOU.

BOB SCHILLBERG

NOTICE

February 16, 2000

Hazlet Buildings Dept.
Attn: Mr. Terranova
319 Middle Road
Hazlet, NJ 07730

Re: 2027 Florence Avenue, Keyport, NJ

Dear Mr. Terranova:

Please be advised that I, Keith Bloodgood, the undersigned purchaser of the above referenced property (2027 Florence Avenue, Hazlet, NJ) am fully aware that a "no further action" letter has not yet been issued by the DEP and that the parties are awaiting issuance of same.

Furthermore, I am aware of the fact that steps have been taken by the sellers to correct any problems regarding the oil tank at the premises, and I am aware that, due to the weather conditions, the driveway of the premises cannot be asphalted until after the winter months are over. I intend to proceed with the purchase of the premises before that time, and the sellers have made arrangements for the driveway to be asphalted after the closing of title herein. I will ensure that the driveway condition will be corrected and that a "no further action letter" will be issued within six (6) months of this date.

I am writing this letter to induce the Hazlet buildings department to issue the necessary certificate of occupancy so I may proceed with the purchase of the above referenced property.

Very truly yours,

Keith Bloodgood

RFS/wp

3/23/00 10:08 a.m. called Mrs. Shelby - Dept message on machine
1. address to be changed from Keyport to Hazlet NJ.
2. Need letter signed by Mr. Bloodgood & notarized

February 16, 2000

Hazlet Buildings Dept.
Attn: Mr. Terranova
319 Middle Road
Hazlet, NJ 07730

Re: 2027 Florence Avenue, Hazlet , NJ

Dear Mr. Terranova:

Please be advised that I, Keith Bloodgood, the undersigned purchaser of the above referenced property (2027 Florence Avenue, Hazlet, NJ) am fully aware that a "no further action" letter has not yet been issued by the DEP and that the parties are awaiting issuance of same.

Furthermore, I am aware of the fact that steps have been taken by the sellers to correct any problems regarding the oil tank at the premises, and I am aware that, due to the weather conditions, the driveway of the premises cannot be asphalted until after the winter months are over. I intend to proceed with the purchase of the premises before that time, and the sellers have made arrangements for the driveway to be asphalted after the closing of title herein. I will ensure that the driveway condition will be corrected and that a "no further action letter" will be issued within six (6) months of this date.

I am writing this letter to induce the Hazlet buildings department to issue the necessary certificate of occupancy so I may proceed with the purchase of the above referenced property.

Very truly yours,

Keith Bloodgood

Keith Bloodgood

RFS/wp

Pamela L Fink 2/23/2000

PAMELA L. FINK
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires March 2, 2000

Received 2/23/00 3:55 pm.

INSPECTION DATE Tues. Jan. 18, 2000

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY
PART 1 BUILDING INSPECTION

HAZLET TOWNSHIP CONSTRUCTION DEPARTMENT
3400 HIGHWAY 35 SUITE 9
HAZLET, NJ 07730
(732) 264-5707

BLOCK 64 LOT 28
FEE 75 CHECK NO 4001
DATE ISSUED 2-27-00
CCO NO 051-00

PLEASE PRINT

ADDRESS TO BE INSPECTED 2027 Florence Avenue

OWNERS NAME Iandoli, Michael + Carolyn
ADDRESS 2027 Florence Avenue
if not the same as address to be inspected
CITY, STATE, ZIP
TELEPHONE NO. [redacted] WORK NO.

re-inspection fee paid Ck # 4001 2-25-00

BUYER [✓] TENANT [ ]

NAME Bloodgood, Kieth

ITEM:	Roof	Demo Tank	vinyl Siding	Shed		
PERMITS:	96-0976	99-1195	B40167	7119		
PREVIOUS RECORDS:	Closed	Open	Closed	Closed		

DATE BUILDING JOB CONDITION/COMMENTS

Job Card Attached

1/18/2000 1 Need Lever on door 12"x12"

2 Need PT Valve for Pipe 6" from floor

3. Smoke

(Applicant Applied for permits for- Pool - deck - shed & gazebo
Note - Open Tank Permit - Need - No further Action Letter from DEP.)

1/18/00 all above Violations Cancelled JS

check Records for Enclosed Porch + Pool

1-24-01 spoke w/ Carolyn will bring in survey.

SIGNATURE [signature] DATE 1/7/00
[ ] OWNER [✓] AGENT PHONE NO 706-1002

INSPECTOR [signature] DATE 2/10/00
APPROVED DATE

(DO NOT ISSUE until Approved by const. Official.
NB: Open Permit 99-1195 - Oil Tank
Note- Received notarized Letter from purchaser re: assuming responsibility for addressing violations)

BUILDING

PAGE 2 INSPECTION DATE Tues. Jan. 18, 2000

APPLICATION FOR CERTIFICATE OF CONTINUED OCCUPANCY
PART 2 ELECTRICAL

(732) 264-5707

BLOCK 64 LOT 28

ADDRESS TO BE INSPECTED 2027 Florence Avenue

OWNER Tandeli, Michael & Carolyn

ITEMS	Roof	Demo Tank	Vinyl Siding	Shed		
PERMITS	96-0976	99-1195	B Hole 4	7119		
PREVIOUS RECORDS	Closed	open	Closed	Closed		

DATE	ELECTRIC JOB CONDITIONS / COMMENTS
1/18/00	① wire Kitchen Hood Properly
	② wire Dishwasher properly
	③ Replace miss. cover Rear Porch
	④ Light in shed Require Proper Box
	⑤ Wiring To shed? Pool wired Properly
	Removed Permits.
2/10/00	Visual Cont

ANY CHANGE IN OWNERSHIP OR TENANT REQUIRES A NEW CERTIFICATE

INSPECTED BY _____ DATE 2/10/00

APPROVED BY _____ DATE _____

ELECTRIC

CERTIFICATE NO. 051-00

CERTIFICATE OF CONTINUED OCCUPANCY
TOWNSHIP OF HAZLET
MONMOUTH COUNTY, NEW JERSEY

DATE ISSUED 02/24/00

RESALE X RENTAL

DESCRIPTION RESIDENTIAL SPECIFIC USE SINGLE FAMILY DWELLING

USE GROUP R3 BLOCK 64 LOT 28

ADDRESS: 2027 FLORENCE AVENUE
CITY: HAZLET STATE: NEW JERSEY ZIP 07730

OWNER _____ PURCHASER X _____

NAME: KEITH BLOODGOOD
ADDRESS:

SELLER MICHAEL AND CAROLYN IANDOLI
TENANT

SMOKE DETECTOR APPROVED X

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/CONDITIONAL CONTINUED CERTIFICATE OF OCCUPANCY
The following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate.

CONSTRUCTION OFFICIAL [signature]

BLOCK 64 LOT 28 QUALIFICATION CODE ID # 7428 ADDRESS (SITE) 2027 Florence Ave PERMIT NO. E2015-0789

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2027 Florence Ave
2. Name of Owner in Fee: Eli Lewenstein
   Tel. [redacted] e-mail [redacted]
   Address 105 Van Buren Ave Lakewood NJ 08701 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: County Line Electric Tel. (732) 415-8969
   Address 1382 Ann Ct e-mail ____
   Lakewood, NJ 08701
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel: ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Eli Lewenstein
   Tel. (732) 239-1013 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. State Permit Surcharge 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. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical	250								
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	250								

Disconnect/Reconnect Electric

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present: ____
4. No. of dwelling units: Total Units / Income-restricted
   Gained, Sale ____ / ____
   Gained, Rental ____ / ____
   Lost, Sale ____ / ____
   Lost, Rental ____ / ____

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present: ____

C. MIXED USE -List secondary use(s): ____

D. Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

9/9/15 Advised permit ready.

CA 10/30/15 Jennifer

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(f)1.ix:

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 9/8/15

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. 5:23-2.15(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 _____

Address _____

_____

Telephone _____

Signature _____

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

U.C.C. F-100-2 (rev. 9/2014)

OFFICE DATE RECEIVED: 9/8/15

VBL 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									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department on Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig Ins									
☐									

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

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)

☐ Temporary Certificate of Occupancy	No.	DATE ISSUED	DATE EXPIRED
☐ Temporary Certificate of Continuation	No.	DATE ISSUED	DATE EXPIRED
☐ Conditional Certificate of Occupancy	No.	DATE ISSUED	DATE EXPIRED
☐ Certificate of Compliance	No.	DATE ISSUED	DATE EXPIRED
☐ Certificate of Occupancy	No.	DATE ISSUED	DATE EXPIRED
☐ Certificate of Approval	No.	DATE ISSUED	DATE EXPIRED
☐ Lead Abatement Clearance Certificate	No.	DATE ISSUED	DATE EXPIRED

U.C.C. F100-2 (rev. 9/2014)

CERTIFICATE

Permit # e2015-0789
Date Issued 09/16/2015
- or -
Control # 7428
Certificate Issued Date: 10/27/2015

IDENTIFICATION

Block 64 Lot 28 Qualification Code _____
Work Site Location 2027 FLORENCE AVENUE , HAZLET NJ 07730

Owner in Fee EIL LEWENSTEIN
Address 2027 FLORENCE AVENUE , HAZLET NJ 07730

Tel. ([redacted]
Contractor COUNTY LINE ELECTRIC
Address 1382 ANN COURT , LakEWOOD NJ 08701

Tel. ( ) 732-415-8969 FAX ( )
Lic. No. or Bldrs. Reg. No. 16563
Federal Employer No. 264821154

Home Warranty No. _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load _____
Construction Classification 5B
Maximum Occupancy Load _____
Description of Work/Use:
DISCONNECT AND RECONNECT ELECTRIC SERVICE

☐ **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 the 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:

☐ **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 _____.

Dennis Pino Ronald Maryak 10-27-15
CONSTRUCTION OFFICIAL DATE

Fee $ 76.00
Paid [✓] Check No. 5386
Collected by: Jennifer OKeeffe

U.C.C. F260
(rev. 8/05)

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/16/15

Permit # E2015-0789

IDENTIFICATION Block 64 Lot 28 ~~ID #~~ Qualification Code 7428

Work Site Location 2027 Florence Ave

Owner in Fee Eli Lewenstein

Address 105 Van Buren Ave
Lakewood, NJ 08701

Tel. [redacted]

Contractor County Line Electric

Address 1382 Ann ct.
Lakewood, NJ 08701

Tel. (732) 415-8969

Lic. No. or Bldrs. Reg. No. 16563

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:

Disconnect Reconnect Electric Service

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 $ 250

Construction Official

9/15/15
Date

PAYMENTS (Office Use Only)

Building	75
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	1
DCA State Permit Fee	
Cert. of Occupancy	
Other	
Total	76
Check No.	5386
Cash	
Collected by	

(see reverse side)

U.C.C. F170 (rev. 01/04)

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

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 with 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 as follows:

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. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

DR# 334118641

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/8/15
Control # 7428
Date Issued 9/16/15
Permit # E2015-0789

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

Block 6 Lot 28 Qualification Code
Work Site location 2027 Florence Ave Hazlet NJ
Owner in Fee Eli Lewenstein
Address 105 Van Buren Ave Lakewood NJ 08701
Tel [redacted]
Contractor County Line Electric
Address 1388 Asp Ct Lewis NJ 08201
Tel (732) 4158964 FAX ( )
Contractor License No. 16523
Federal Emp. No. 264 824 154

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 250

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

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	
		Requesting Service	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required — Date 9/8/15 Initials
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 10-19-15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service	9-25		10-19	RH
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			10-19-15	
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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

9. 35 (A) (B) I. CANNOT VERIFY SERVICE IS "GROUNDED."

DR # 334118641

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/8/15
Control # 7428
Date Issued 9/16/15
Permit # E2015-0789

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

Block 67 Lot 28 Qualification Code
Work Site location 202 Florence Ave Hazlet NJ
Owner In Fee Eli Lowenstein
Address 105 Van Buren Ave Lakewood NJ 08701
Tel [redacted]
Contractor County Line Electric
Address 1318 Ann Ct. Lkwd NJ 08701
Tel (732) 4158769 FAX ( )
Contractor License No. 16563
Federal Emp. No. 264 884 154

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 250

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 Contr [ ] 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	
		KW Elec. Sign/Outline Light	
		Requesting	
		Service 0	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[V] No Plans Required 9/8/15
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification 7-7-15

BLOCK 64 LOT 28 ID # QUALIFICATION CODE 00028 ADDRESS (SITE) 2027 Florence Ave PERMIT NO. E2016-1040

CONSTRUCTION PERMIT APPLICATION

CO RELATED

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

I. IDENTIFICATION

1. Proposed Work Site at: 2027 Florence Ave
2. Name of Owner in Fee: Eli Levenstein
   Tel: [redacted] e-mail
   Address 105 Van Buren ave Lakewood NJ 08701 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: William MURPHY Tel. (732) 691-2400
   Address 604 BAY BLVD e-mail
   BAYVILLE NJ
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ____
   Federal Emp. ID No. 506260989 FAX: ( ) ____
5. Architect or Engineer ____ Contact ____
   Address ____ e-mail ____
   Tel. ( ) ____ FAX: ( ) ____
6. Responsible Person in Charge once Work has Begun Eli Levenstein
   Tel. (732) 234-1013 FAX: ( ) ____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical		95	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		5	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other		95	
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. Max. Live Load ____
7. Max. Occupancy Load ____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed ____ sq. ft.
10. Flood Hazard Zone ____
11. Base Flood Elevation ____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing	1350				10/4/16	X			
☐ Fire Protection									
☐ Elevator	1350								
TOTAL COST									

Water Heater

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: ____
2. Use Group, Proposed: R5
3. Change in Use Group, Indicate Present: ____
4. No. of dwelling units: Total Units Income-restricted
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____
B. NON-RESIDENTIAL (primary use)
1. State Specific Use: ____
2. Use Group, Proposed: ____
3. Change in Use Group, Indicate Present: ____
C. MIXED USE -List secondary use(s): ____
D. Construct. Classification: Present ____ Proposed ____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

For reorder call 609-392-1455 - Allegra Marketing Print Mail

10/4/16 Emailed Permit Ready

CA 10/19/16

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(f)1.ix:

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. 5:23-2.15(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 [illegible] Sterling Construction
Address 165 [illegible] Ave Lakewood NJ

Telephone 732-239-7013
Signature [illegible]

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

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

U.C.C. F100-2 (rev. 8/2014)

OFFICE DATE RECEIVED: 2/26/16 [illegible]

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. ____

U.C.C. F100-3 (rev. 12/09)

CERTIFICATE

Permit # e2016-1040
Date Issued 10/06/2016
- or -
Control # 10628
Certificate Issued Date: 10/19/2016

IDENTIFICATION

Block 64 Lot 28 Qualification Code
Work Site Location 2027 FLORENCE AVENUE , HAZLET NJ 07730

Owner in Fee ELI LEWENSTEIN
Address 2027 FLORENCE AVENUE , HAZLET NJ 07730

Tel. ([redacted]
Contractor WILLIAM MURHY
Address 604 BAY BLVD , BAYVILLE NJ

Tel. ( ) (732) 691-2600 FAX ( )
Lic. No. or Bldrs. Reg. No. 10867
Federal Employer No. 150626089

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-5
Maximum Live Load
Construction Classification 5B
Maximum Occupancy Load
Description of Work/Use:
Gas water heater - replacement

☐ **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 the 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:

☐ **CERTIFICATE OF CLEARANCE — LEAD ABATEMENT 5:17**

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

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

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

CONSTRUCTION OFFICIAL Dennis Pino DATE 10/20/16

Fee $ 98.00
Paid [✓] Check No. 109
Collected by: Jennifer O'Keeffe

N.C.C. F260
(rev. 6/05)

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

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

2016-1040

BLOCK 64 LOT 28 ~~QUALIFICATION CODE~~ HVAC PERMIT # _____

WORK SITE ADDRESS 2027 FLORENCE AVE HAZLET NJ

Owner in Fee ELI LEWANSTIEN

Verifying Individual WILLIAM MURPHY Company AFFORDABLE PLUMBING

Address 604 BAY AVE BAYVILLE NJ
Street City State Zip Code

Tel: [redacted] Fax: ( ) _____

Check the Appropriate Box(es):

Type of Replacement:

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

Existing Vent/Chimney: Size _____

[ ] "B" Label Vent
[ ] "L" Label Vent
[ ] Flexible Liner
[ ] Power Vent/Exhauster

[ ] Chimney-Interior
[ ] Chimney-Exterior
[ ] Masonry Chimney-Tile Lined
[ ] Masonry Chimney-Unlined
[ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Water Heater	Oil / (Gas) / Other:	50,000
Appliance 2:		Oil / Gas / Other:	
Appliance 3:		Oil / Gas / Other:	

CHIMNEY LINER

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

Manufacturer: _____ Model: _____ UL Listing: _____

Material of Liner: Stainless Steel _____ Aluminum _____

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

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

PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

For Oil or Coal to Gas Conversions:

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

_____
Signature Date

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

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

_____
Signature Date

Direct Vent Appliance:

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

[signature] 9/26/16
Signature Date

Verification Not Submitted:

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

_____
Signature Date

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

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.

CONSTRUCTION PERMIT

Date Issued 10/6/16

Permit # 2016-1040

IDENTIFICATION - Block 64 Lot 28 ~~Qualification Code~~ 10628

Work Site Location 2027 FLORENCE AVE Hazlet

Owner in Fee Eli Lewenstein

Address 105 Van Buren Ave Lakewood NJ

Tel. [redacted]

Contractor William Murphy

Address 604 BAY BLVD BAYVILLE NJ

Tel. (732) 691-2400

Lic. No. or Bldrs. Reg. No. 10867

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: Replace ~~Boiler~~ [redacted] HOT WATER HEATER

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 $ 1350

Construction Official [signature] Date 10/6/16

PAYMENTS (Office Use Only)

Building	
Electrical	95
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	3
Cert. of Occupancy	
Other	
Total	98
Check No.	109
Cash	
Collected by	

U.C.C. F170 (rev. 01/04)

1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR 4 GOLD—APPLICANT (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 with 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 as follows:

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. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

☐ Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

Please call 732-239-1013

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/26/16
Control # 10628
Date Issued 10/6/16
Permit # 2016-1040

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

Block 64 Lot 28 Qualification Code

Work Site Location 2027 Florence Ave Hazlet

Owner In Fee: Eli Lewenstein

Tel. [redacted] e-mail

Address 105 Van Buren Ave (street) Lakewood (municipality) NJ (zip code) 08701

Contractor: William Murphy Tel. (732) 691-2400

Address 604 BAY BLVD BAYVILLE N.J. e-mail

Contractor License No. 10867 Exp. Date 6-30-18

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

Federal Emp. ID No. 150626089 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1350

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: William Murphy

Print name here: William Murphy

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ~~Alter~~ water Heater. Replacement

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	95
1	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	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $ 95

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/6/16
Approved by: Joseph A Lenz

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/18/16
Approved by: Joseph A Lenz

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			10/18/16	JB
Gas Equipment			10/18/16	JB
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final FINAL			10/18/16	JB

U.C.C. P13D (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Please call 732-239-1013

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 9/26/16
Control # 10628
Date Issued 10/6/16
Permit # 20160740

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

Block 64 Lot 28 Qualification Code
Work Site Location 2027 Florence Ave Hazlet

Owner in Fee: Eli Lewenstein
Tel. [redacted] e-mail
Address 105 Van Buren Ave Lakewood, NJ 08701
(street) (municipality) (zip code)
Contractor: William Murphy Tel. (732) 691-2400
Address 604 Bay Blvd e-mail
Bayville N.J.
Contractor License No. 10867 Exp. Date 6-30-18
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 150626089 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present R-5 Proposed R-5
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1350

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:
Print name here: William Murphy
[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
[redacted] water Heater. Replacement

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	95
1	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	
	Other	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $ 95
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required - [illegible]
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10/6/16
Approved by:

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

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

CHAIM BAMBERGER
13 PATRIOT DR
AIRMONT, NY 10952

909 / 959 97 2 / 3 1-5/210 109

10/06 2016

PAY TO THE ORDER OF Hazlet Township $ 98——

NINTY EIGHT DOLLARS

CHASE

04/28
ID# 10608
FOR Permit-2020-1040

⑆021000021⑆ 1016370301⑈0109

Jennifer O'Keeffe

From: Jennifer O'Keeffe <jokeeffe@hazlettwp.org>
Sent: Wednesday, October 19, 2016 11:10 AM
To: 'Laura McPeek'
Subject: RE: 2027 Florence

10/19/16

Address: 2027 Florence Avenue
Permit #: e2016-1040
Description of Work: Water Heater

Laura

The above passed plumbing inspection 10/18/16 and was closed in the computer today.

OK to issue CO.

Thank you.

Jennifer

From: Laura McPeek [mailto:lmcpeek@hazlettwp.org]
Sent: Wednesday, October 19, 2016 8:54 AM
To: 'Jennifer O'Keeffe'
Subject: FW: 2027 Florence

Is it ok to release CO for 2027 Florence?

From: abrahamsharaby@gmail.com [mailto:abrahamsharaby@gmail.com]
Sent: Tuesday, October 18, 2016 8:47 PM
To: Laura McPeek; Frank Finnerty
Cc: Milena Cella; Kenneth Traum
Subject: 2027 Florence

Dear Laura.

We passed all necessary inspection for a CO. Last inspection was yesterday (Tuesday).

Anyway you can email us the CO?

Sincerely,
Abraham Sharaby

Jennifer O'Keeffe

From: Jennifer O'Keeffe <jokeeffe@hazlettwp.org>
Sent: Monday, October 03, 2016 8:45 AM
To: 'lmcpeek@hazlettwp.org'
Subject: 2027 Florence Avenue - CO RELATED

10/3/16

Address: 2027 Florence Avenue - CO RELATED

Laura

Homeowner dropped off permit for water heater.

Needs to get approved by Joe.

Will keep you posted.

Thank you.

Jennifer O'Keeffe
Hazlet Township
Construction Department
1766 Union Avenue
Hazlet, NJ 07730
732-264-1700 X8664
732-264-0659 (FAX)
jokeeffe@hazlettwp.org

BLOCK 64 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) 2027 Florence Ave. PERMIT NO. 00-0153

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2027 Florence Avenue
2. Name of Owner in Fee: Michael L Fanoli Tel. [redacted]
   Address 2027 Florence Ave (street) Hazlet (municipality) NJ 07730 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: OWNER Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ 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	$ 51-		
2.	Electrical	33-		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	2		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 86.		

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	

CA 9-10-00

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	1
After Construction	1
Net Gain or Loss	0

B. NON-RESIDENTIAL

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

LDS HZ 10402492

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. (X) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (X) 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 Michael Y Barbel Date 1/24/00

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: 1/26

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.				

CONSTRUCTION PERMIT

Date Issued 2/1/00
Control #
Permit # 00-0053

IDENTIFICATION Block 64 Lot 28
Work Site Location 2027 Florence Ave.

Owner In Fee Michael L IANNONI
Address 2027 Florence Ave
HAZLET NJ 07730
Tel. [redacted]

Contractor SELF
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: 18' DIA. Above ground Pool - 7'2"x15' DECK
ABOVE GROUND POOL with Deck 12'X16" Pre-fab shed -
Gazebo, SHED 6'6"x8'6" gazebo.

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 $ 30000.

Construction Official

1/31/00
Date

(NOTED C.O. VIOLATIONS - WORK DONE PRIOR TO PERMIT ISSUANCE)

PAYMENTS (Office Use Only)

Building	51
Electrical	33
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occupancy	
Other	
Total	86
Check No.	Cash Pd
Cash	
Collected by	Cmk

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/1/00
Date Issued
Control #
Permit # 0053

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

Block 64 Lot 28
Work Site Location 2027 Florence Ave
Owner in Fee Michael C Tanner
Address 2027 Florence Ave
Hazlet NJ 07730
Tele. [redacted]
Contractor SELF
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	1/31	BR

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/10/00
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			2/10/00	[signature]
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5B Proposed 5B
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 3000.-
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA (WORK DONE PRIOR TO APPLICATION FOR PERMITS - CCO. VIOLATIONS)

DESCRIPTION OF WORK
POOL (A/G) 18' with DECK
GAZEBO 6'6"x8'6" PREFAB. (TO BE ANCHORED TO PREVENT WIND LIFT)
SHED 12'x16' Pre fab shed (TO BE ANCHORED TO PREVENT WIND LIFT)
ALT 2"x15" DECK Along side 18' Above ground Pool -
(NOTE YARD/Pool AREA TO BE ENCLOSED IN AT LEAST 48" high FENCE - All GATES TO BE SELF CLOSING AND Equipped with self-locking LATCHES AT LEAST 54 inches Above ground -

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[X] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other deck - shed - gazebo
[ ] Demolition

All doors from house to yard to be equipped with Approved Alarms At least 54 inches Above floor.

FEE (Office Use Only)

$ 51.00

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

U.C.C. F110 (rev. 3/98)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

2/7/00
0053

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

Block 64 Lot 28
Work Site Location 2027 FLORENCE AVE

Owner in Fee Michael C IANOLI
Address 2027 FLORENCE AVE
HAZLET NJ 07730
Tele. [redacted]
Contractor SELF
Address
Tele. ( ) Fax ( )
Lic. No., or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	1/31	
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved by:		

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5B Proposed 5B
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 3000.00
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Michael Ianoli
Signature

D. TECHNICAL SITE DATA (WORK DONE PRIOR TO APPLICATION FOR PERMITS - C.C.O. VIOLATIONS)

DESCRIPTION OF WORK

POOL (A/G) 18' with Deck
GAZEBO 6'6"x8'6" PREFAB (TO BE ANCHORED TO PREVENT WIND LIFT)
SHED 12'x16' Pre-fab shed (TO BE ANCHORED TO PREVENT WIND LIFT)
7'2"x13" DECK Along side 18' ABOVE GROUND POOL -
(NOTE YARD/POOL AREA TO BE ENCLOSED IN AT LEAST 48" high FENCE - ALL GATES TO BE SELF CLOSING AND EQUIPPED WITH SELF CLOSING LATCHES AT LEAST 54 INCHES ABOVE GROUND -

TYPE OF WORK: ALL DOORS FROM HOUSE TO YARD TO BE EQUIPPED WITH APPROVED ALARMS AT LEAST 54 INCHES ABOVE FLOOR.

[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[X] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other DECK - SHED - GAZEBO
[ ] Demolition

FEE (Office Use Only)

$ 51.00

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

U.C.C. F110
(rev. 3/98)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/1/00
Date Issued
Control #
Permit # 00-0053

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

Block 64 Lot 28
Work Site Location 2027 Florence Ave
Owner in Fee/Occupant Michael L Iandoli
Address 2027 Florence Ave
Hazlet NJ 07730
Tele [redacted]
Contractor
Address SELF
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 30.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required 1/31 MF
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO → CA
Date: 2/10/00
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/10/00	

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.

Michael Iandoli
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	$
1		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	
		15' Dia Above ground Pool	

Administrative Surcharge	$	
Minimum Fee	$	33
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

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

Date 01/25/2000 Application No. X

Permit No. 7523

Application is hereby made for a Zoning Permit in conformity with the requirements the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name [redacted]

(If Commercial or Industrial give name of store, company, etc.)

Address 2027 Florence Avenue

Block 64 Lot 28 Zone R-7D

The above named applicant hereby applies for a Zoning Permit to: 12' x 16' shed, as previously erected, to be relocated to conform to ordinance

Fill in the following items that apply to the property in question.

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 9,310 Sq. Ft.	Type 1 story frame	Total Area 192 Sq. Ft.
Frontage 40 Ft.	Gross Floor Area 1447 Sq. Ft.	Min. Side Yard 10 Ft.
Depth 249 Ft.	Lot Coverage 17 Percent	Min. Rear Yard 10 Ft.
	Building Height 31 Ft.(Max.)	

SIGNS: Type X Area permitted X Area requested X

YARD DIMENSIONS (Not required for signs)

Front 21.3 Ft. Right Side X Ft. Left Side 25 Ft. Rear 25 Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner [redacted] Address ..... Tel. No. [redacted]

Lessee ..... Address ..... Tel. No.....

Contractor ..... Address ..... Tel. No.....

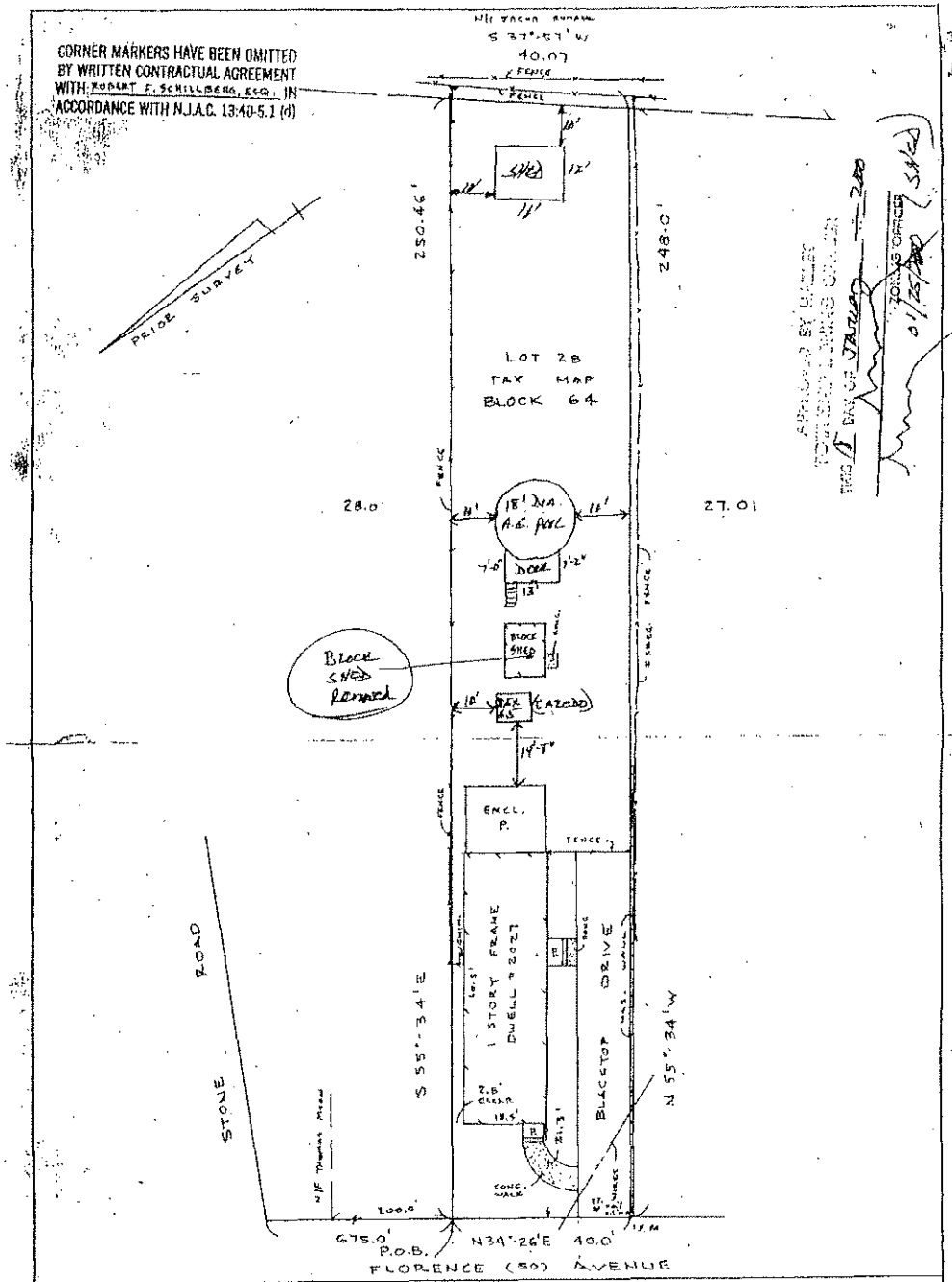
Estimated cost of work $ 500.00

[redacted]
Signature of Applicant or Agent

Zoning Permit Fee $ 20.00

NOTES:

Gregory F. Maryak - Zoning Officer



SURVEY OF PROPERTY FOR: Michael Iandoli and Carolyn Iandoli, h/w
SITUATED IN: Township of Hazlet, Monmouth County, N.J.
PREPARED BY: THOMAS H. ERNST & ASSOCIATES, PROFESSIONAL LAND SURVEYORS, INC.
388N SPOTSWOOD ENGLISHTOWN ROAD, JAMESBURG, N.J.
DATE: June 2, 1992 SCALE: 1"=20'

CERTIFIED TO: Michael Iandoli and Carolyn Iandoli, h/w;
Carteret Savings Bank, FA, its successors and/or its assigns;
East Coast Title Agency;
Robert F. Schillberg, Esq.

THOMAS M. ERNST
N.J.P.L.S. LIC.# 19000

92015860

APPROVED BY HAZLET
TOWNSHIP ZONING OFFICER

THIS ___ DAY OF ___ 19 ___

ZONING OFFICER

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

Date 01/18/2000

Application No. X

Permit No. 7521

Application is hereby made for a Zoning Permit in conformity with the requirements the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name I AND DOLT

(If Commercial or Industrial give name of store, company, etc.)

Address 2027 FLORENCE AVENUE

Block 64 Lot 28 Zone R-70

The above named applicant hereby applies for a Zoning Permit to:

1. 18' DIA. A.G. POOL + 7'-2" x 13' ATTACHED DECK
2. GAZEBO 6.5' x 8.5'
3. REMOVAL OF BLOCK GARAGE

Fill in the following items that apply to the property in question. POOL

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 10,000 Sq. Ft.	Type 1 STORY FRAME	Total Area 264 Sq. Ft.
Frontage 40 Ft.	Gross Floor Area ~~1,040~~ Sq. Ft.	Min. Side Yard 10 Ft.
Depth 250 Ft.	Lot Coverage ~~1,040~~ Percent	Min. Rear Yard 10 Ft.
	Building Height 35 Ft.(Max.)	

SIGNS: Type X Area permitted X Area requested X

YARD DIMENSIONS (Not required for signs)

Front 71.3 Ft. Right Side X Ft. Left Side 25 Ft. Rear 25 Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner SAME Address ____ Tel. No. 739-6778

Lessee ____ Address ____ Tel. No. ____

Contractor ____ Address ____ Tel. No. ____

Estimated cost of work $ 3,000.00

Michael T. Dolt
Signature of Applicant or Agent

Zoning Permit Fee $ 40.00 POOL CASH 6.M

NOTES: ALL WORK PREVIOUSLY COMPLETED

Gregory F. Maryak - Zoning Officer

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

Date 01/25/2000 Application No. X

Permit No. 7523

Application is hereby made for a Zoning Permit in conformity with the requirements the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name FARRELL

(If Commercial or Industrial give name of store, company, etc.)

Address 2027 FLORENCE AVENUE

Block 64 Lot 25 Zone R-7D

The above named applicant hereby applies for a Zoning Permit to: 12' x 16' SHED, PREVIOUSLY EXISTED, TO BE RELOCATED TO CURRENT TO ORDINANCE

Fill in the following items that apply to the property in question.

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 9,910 Sq. Ft.	Type 1 STORY FRAME	Total Area 192 Sq. Ft.
Frontage 40 Ft.	Gross Floor Area 1456 Sq. Ft.	Min. Side Yard 10 Ft.
Depth 249 Ft.	Lot Coverage 17 Percent	Min. Rear Yard 10 Ft.
	Building Height 35 Ft.(Max.)	

SIGNS: Type X Area permitted X Area requested X

YARD DIMENSIONS (Not required for signs)

Front 213 Ft. Right Side X Ft. Left Side 25 Ft. Rear 25 Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner SAME Address [redacted] Tel. No.

Lessee ..... Address ..... Tel. No.

Contractor ..... Address ..... Tel. No.

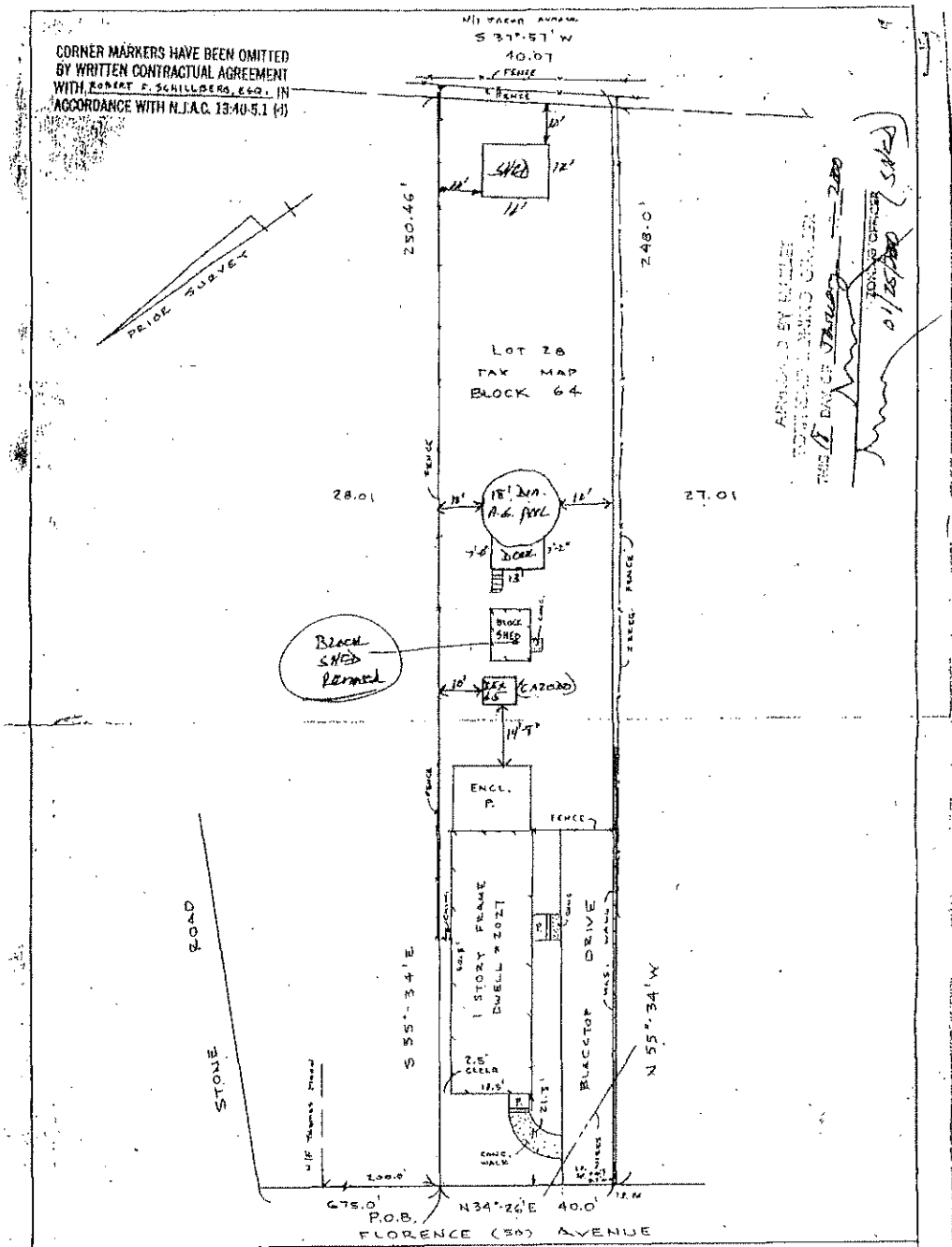
Estimated cost of work $ 500.00

Zoning Permit Fee $ 20.00

X [signature] [illegible]
Signature of Applicant or Agent

[signature]
Gregory F. Maryak - Zoning Officer

NOTES:



SURVEY OF PROPERTY FOR: Michael Iandoli and Carolyn Iandoli, h/w
SITUATED IN: Township of Hazlet, Monmouth County, N.J.
PREPARED BY: THOMAS M. ERNST & ASSOCIATES, PROFESSIONAL LAND SURVEYORS, INC.
108N SPOTSWOOD ENGLISHTOWN ROAD, JAMESBURG, N.J.
DATE: June 2, 1992 SCALE: 1"=20'

CERTIFIED TO: Michael Iandoli and Carolyn Iandoli, h/w;
Carteret Savings Bank, FA, its successors and/or its assigns;
East Coast Title Agency;
Robert F. Schillberg, Esq.

THOMAS M. ERNST
N.J.P.L.S. LIC.# 19000

92015860

APPLICANT IANOLI

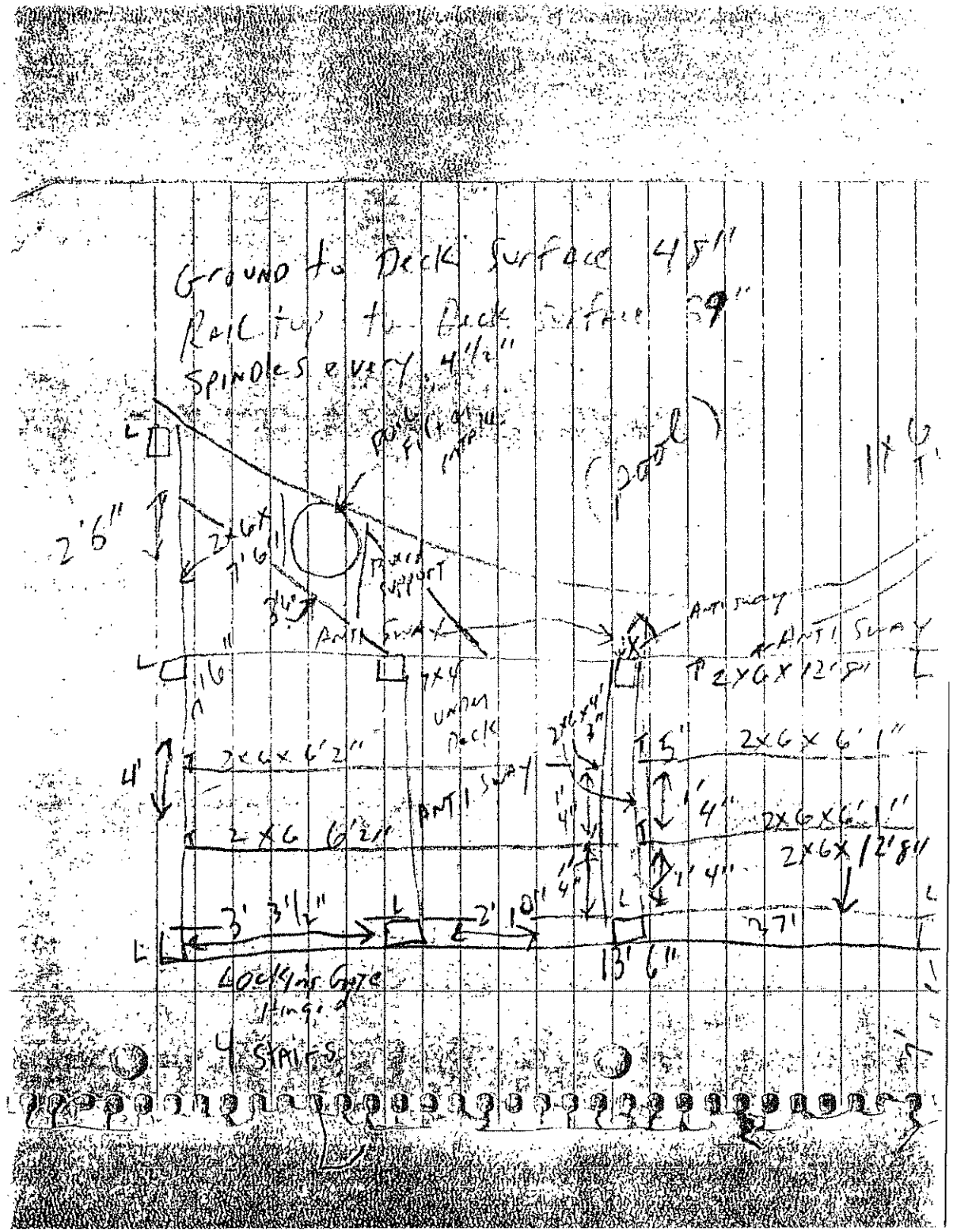
ADDRESS 207 Florence

BLOCK 64 LOT 28

DATE 1/26/00

	APPROVED	DATE	DENIED	DATE
PETER A. TERRANOVA CONSTRUCTION CODE OFFICIAL BUILDING INSPECTOR				
JOHN BESLANOVITZ FIRE SUB-CODE FIRE INSPECTOR				
ERROL LAMBERSON PLUMBING SUB-CODE PLUMBING INSPECTOR				
GEORGE MARTIN ELECTRIC SUB-CODE ELECTRIC INSPECTOR				
FRANK DI ROMA BUILDING INSPECTOR				

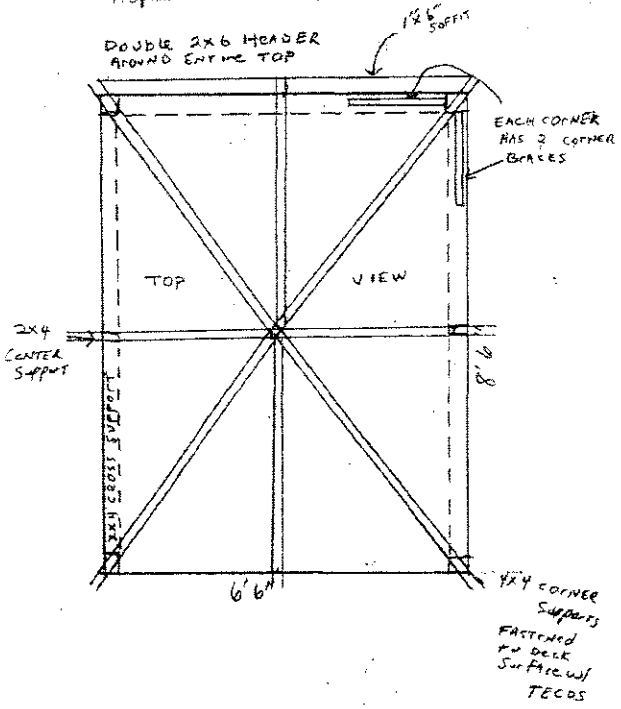
PERMIT APPLICATION ON DRAWING TABLE PLEASE REVIEW AND SIGN OFF


Ground to Deck Surface 45"
Rail top to Deck Surface 39"
Spindles every 4 1/2"
2'6"
2x6x7'6"
3 1/2"
Anti Sway
7x4
under deck
2x6x6'2"
2x6x6'2"
2x6x6'1"
2x6x12'8"
3' 3 1/2"
2' 10"
13' 6"
37"
Lockable Gate
Hinges
4 Steps

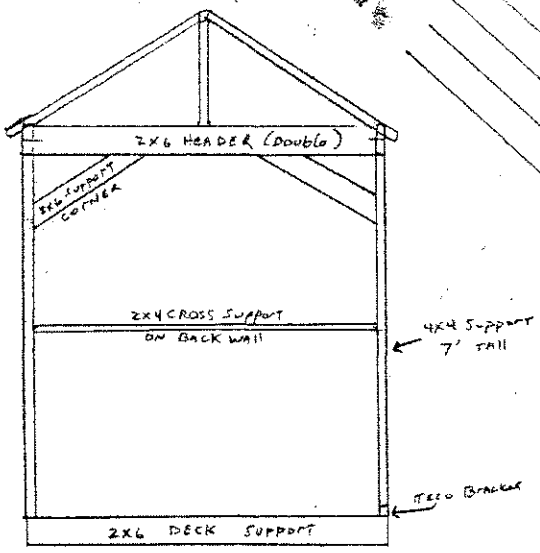
GAZEBO

Scale
1/2" = 1'

4 SIDED ROOF
2x6 ROOF SUPPORTS (FRAME)
1/2" PLYWOOD ROOF SHEATHING
ASPHALT ROOF SHINGLES



(FRONT VIEW)



BUILDING SUB CODE OFFICIAL
Plan Review Release
BUILDING SUB CODE OFFICIAL
Plan Review Release
PLUMBING SUB CODE OFFICIAL
Plan Review Release
CONSTRUCTION OFFICIAL
Release for Construction Permit

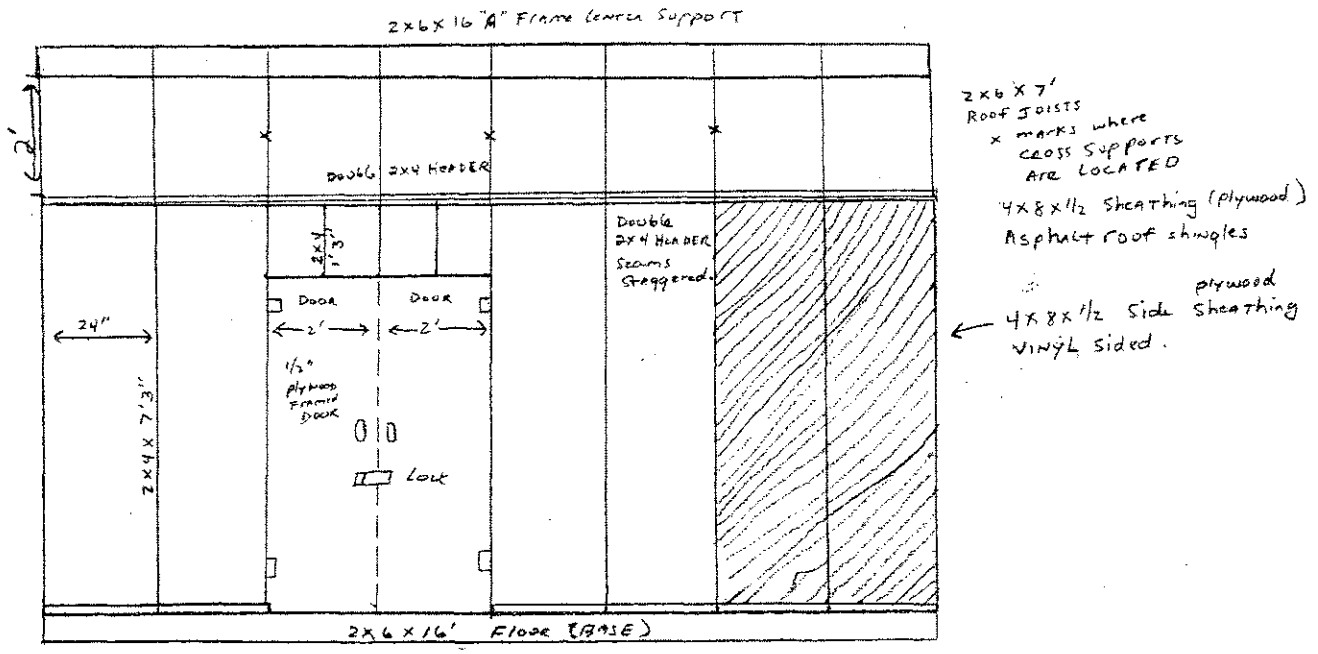
HAZLET TOWNSHIP
Department of Construction Code Enforcement
PLAN REVIEW RELEASE

All Pressure Treated Lumber

OFFICE COPY

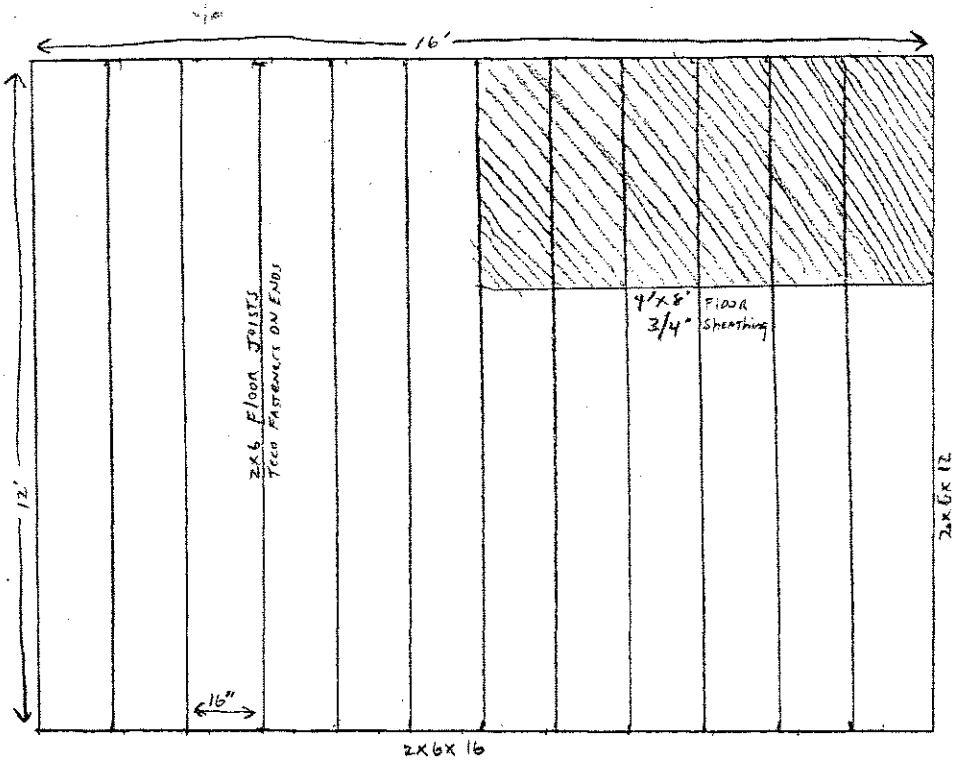
(OVER)

SHED, FRONT VIEW



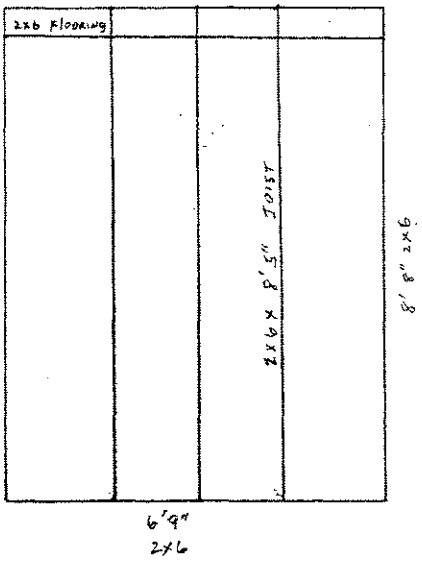
(OVER)

Floor plans



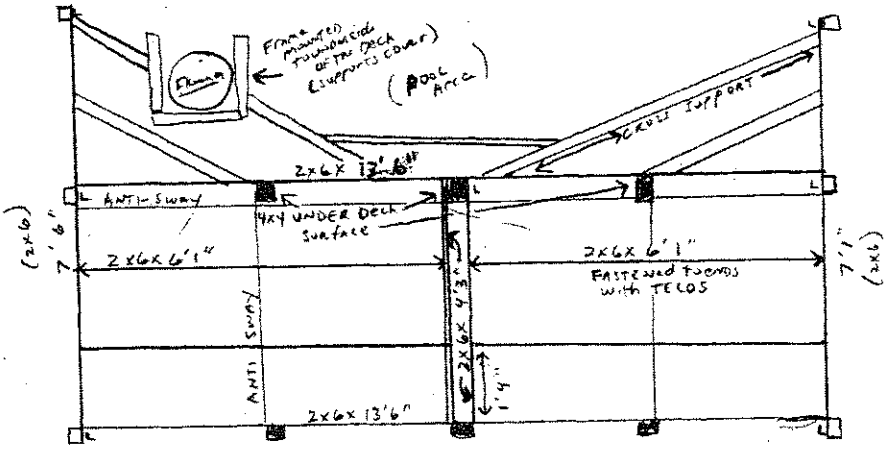
Shed sits on cinder block supports on corners/centers

Deck surface sits on
6"x12" patio blocks
in each corner



(Bottom view)
(NOT reversed from top view)

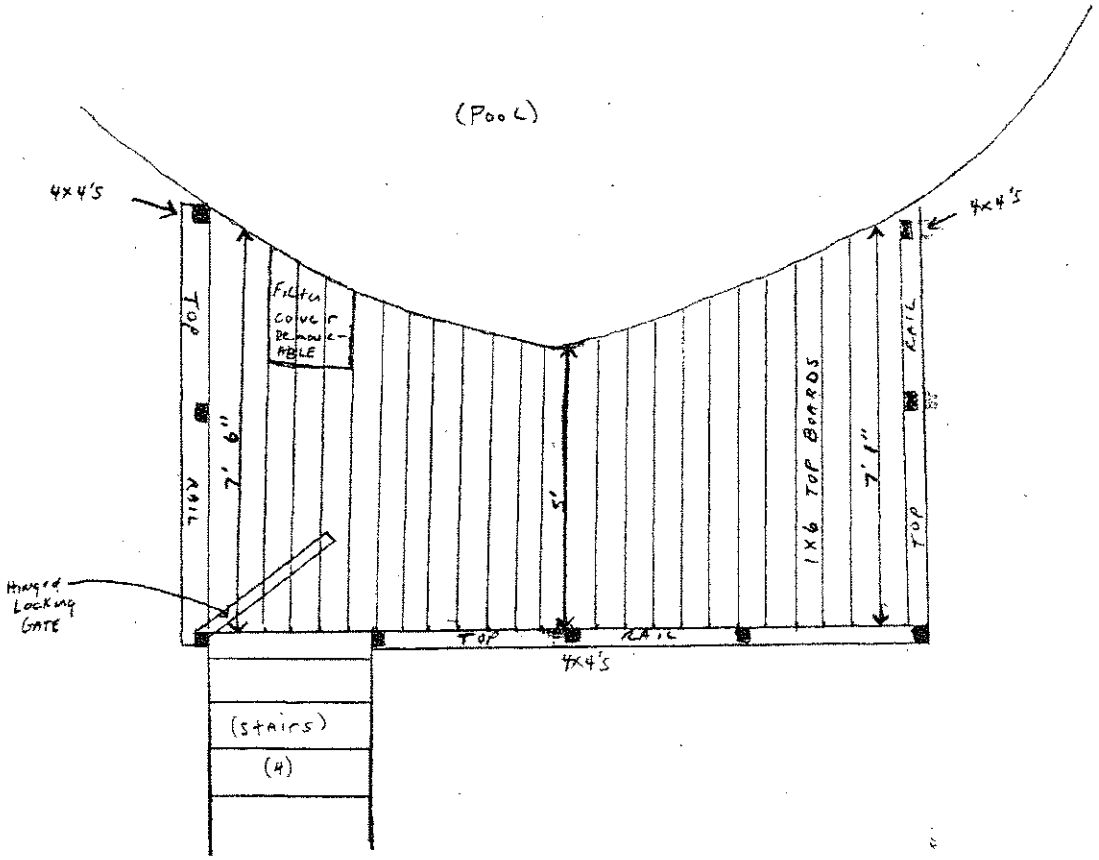
POOL DECK



All pressure treated lumber

All 2x6's Securely Fastened to 4x4's with Lag Bolts

Top view

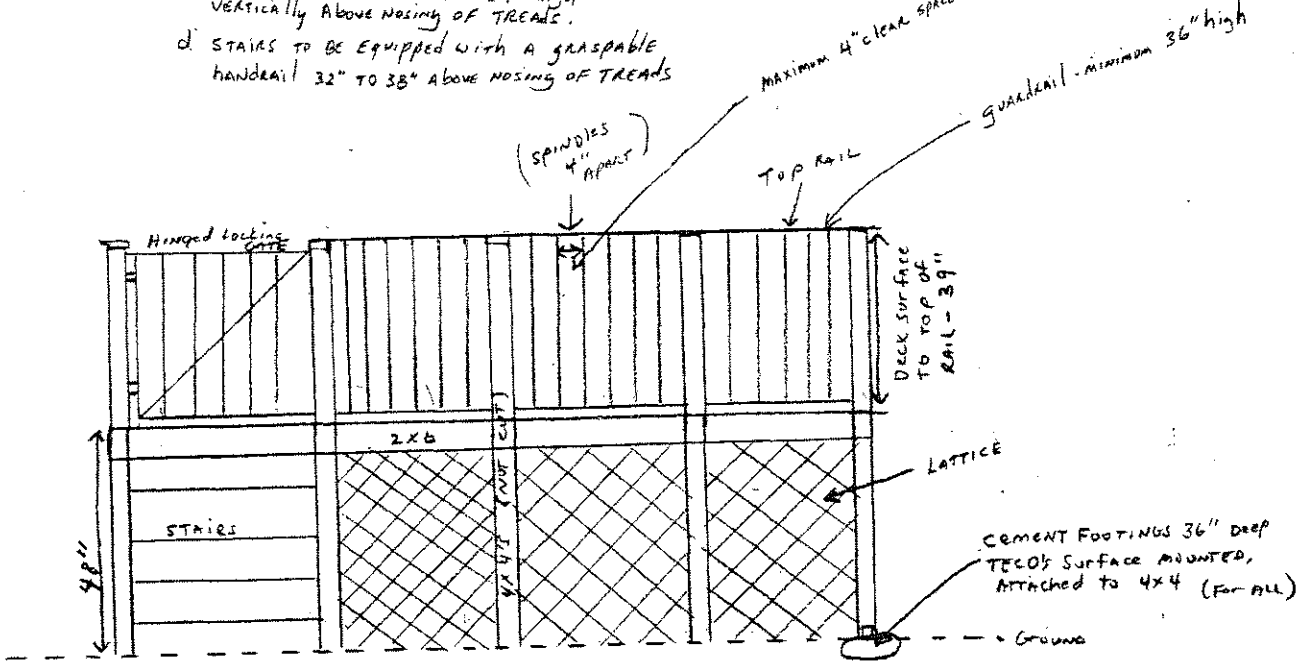


1/2" = 1'

(over)

(Side View)

1. STAIRS - a. Risers to be of Uniform Height (not to exceed maximum of 8¼" high
b. Treads - to be minimum of 9½" deep
c. Stairs to have to guardrails on both sides guardrails to be at least 34" high measured vertically above nosing of treads.
d. Stairs to be equipped with a graspable handrail 32" to 38" above nosing of treads



BLOCK 64 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) 2027 Florence Ave. PERMIT NO. 01-0053

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 2027 Florence Avenue
2. Name of Owner in Fee: Michael L IANNOU Tel. [redacted]
   Address 2027 Florence Ave (street) Hazlet (municipality) NJ 07730 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: OWNER Tel. ( ) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ 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	$ 51-		
2.	Electrical	33-		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	2		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 86		

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	

M
4-10-01

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 1
After Construction 1
Net Gain or Loss 0

B. NON-RESIDENTIAL

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

LDS HZ 10402492

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. (X) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. (X) 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 Michael T Barbel Date 1/21/00

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: 1/26

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.				

CONSTRUCTION PERMIT

Date Issued 2/1/00
Control #
Permit # 00-0053

IDENTIFICATION Block 64 Lot 28
Work Site Location 2027 Florence Ave.

Owner In Fee Michael L IANNONI
Address 2027 Florence Ave
Hazlet NJ 07730
Tel. [redacted]

Contractor SELF
Address
Tel. ( )
Lic. No. or Bldrs. Reg. No.
Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: 18' DIA. Above ground Pool - 7'2"x15' DECK
ABOVE GROUND POOL with Deck 12'x16" Prefab shed -
Gazebo, SHED 6'6"x8'6" gazebo.

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 $ 30000.

Construction Official

1/31/00
Date

(NOTED C & D. VIOLATIONS - WORK DONE PRIOR TO PERMIT ISSUANCE

PAYMENTS (Office Use Only)
Building 51
Electrical 33
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee 2
Cert. of Occupancy
Other
Total 86
Check No. Cash Pd
Cash
Collected by

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.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/1/00
Date Issued
Control #
Permit # 0053

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

Block 64 Lot 28
Work Site Location 7027 Florence Ave
Owner in Fee Michael C Tandel
Address 7027 Florence Ave
Hazlet NJ 07730
Tele. [redacted]
Contractor SELF
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	2/10	[illegible]
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 2/10/00		
Approved by: [signature]		

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			2/10/00	[illegible]
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5B Proposed 5B
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 3000.-
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA (WORK DONE PRIOR TO APPLICATION FOR PERMITS - C.O. VIOLATIONS)

DESCRIPTION OF WORK
- POOL (A/G) 18' with Deck
- GAZEBO 6'6"x8'6" PREFAB (TO BE ANCHORED TO PREVENT WINDLIFT)
- SHED 12'x16' Prefab shed (TO BE ANCHORED TO PREVENT WIND LIFT)
- 12'2"x13" DECK along side 18' above ground Add/-
- (NOTE YARD/Pool AREA TO BE ENCLOSED IN AT LEAST 48" high FENCE - ALL GATES TO BE SELF CLOSING AND EQUIPPED WITH SELF CLOSING LATCHES AT LEAST 54 INCHES ABOVE GROUND -

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (exceeds 6')
  - [ ] Sign _____ Sq. Ft.
  - [X] Pool
  - [ ] Asbestos Abatement Subchapter 8
  - [ ] Lead Haz. Abatement NJAC 5:17
  - [X] Other DECK - SHED - GAZEBO
- [ ] Demolition

ALL DOORS FROM HOUSE TO YARD TO BE EQUIPPED WITH Approved Alarms AT LEAST 54 INCHES ABOVE FLOOR

FEE (Office Use Only)	
	$
	51.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110 (rev. 3/98)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/7/00
Date Issued
Control #
Permit # 0053

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

Block 64 Lot 28
Work Site Location 2027 Florence Ave

Owner in Fee Michael C Tanoli
Address 2027 Florence Ave
Hazlet NJ 07730
Tele. [redacted]
Contractor SELF
Address
Tele. ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[X] Other	1/31	

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R3 Proposed R3
Constr. Class Present 5B Proposed 5B
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 3000.—
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Michael Tanoli
Signature

D. TECHNICAL SITE DATA (WORK DONE PRIOR TO APPLICATION FOR PERMITS - C.O. VIOLATIONS)

DESCRIPTION OF WORK

POOL (A/G) 18' with Deck
GAZEBO 6'6"x8'6" PREFAB (TO BE ANCHORED TO PREVENT WIND LIFT)
SHED 12'x16' Pre-fab shed (TO BE ANCHORED TO PREVENT WIND LIFT)
7'2"x13" DECK Along side 18' Above Ground Pool —
(NOTE YARD/POOL AREA TO BE ENCLOSED IN AT LEAST 48" high FENCE - All GATES TO BE SELF CLOSING AND Equipped with self closing LATCHES AT LEAST 54 inches Above ground -

TYPE OF WORK: All doors from house to yard to be equipped with ~~self~~ Approved Alarms At least 54 inches Above floor.

[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[X] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other DECK - SHED - GAZEBO
[ ] Demolition

FEE (Office Use Only)	
	$
	51.00
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. F110
(rev. 3/98)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 2/1/00
Date Issued
Control #
Permit # 00-0053

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

Block 64 Lot 28
Work Site Location 2027 Florence Ave
Owner in Fee/Occupant Michael L. IANNOLI
Address 2027 Florence Ave
Hazlet NJ 07730
Tele. [redacted]
Contractor
Address SELF
Tele. ( ) Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present R-3 Proposed R-3
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 30.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required 1/31
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO CA
Date: 2/10/00
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			2/10/00	

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.

Michael Ianoli
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	$
1		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	
		15' Dia. Above ground Pool	

Administrative Surcharge	$	
Minimum Fee	$	33
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

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

Date 01/25/2000 Application No. X

Permit No. 7523

Application is hereby made for a Zoning Permit in conformity with the requirements the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name FARRELL

(If Commercial or Industrial give name of store, company, etc.)

Address 2027 FLORENCE AVENUE

Block 64 Lot 27 Zone R-70

The above named applicant hereby applies for a Zoning Permit to: 12' X 16' SHED "PREVIOUSLY EXISTED" DUE RE LOCATED DUE CONFORM TO ORDINANCE

Fill in the following items that apply to the property in question.

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 9,900 Sq. Ft.	Type 1 STORY FRAME	Total Area 192 Sq. Ft.
Frontage 40 Ft.	Gross Floor Area 1447 Sq. Ft.	Min. Side Yard 10 Ft.
Depth 249 Ft.	Lot Coverage 17 Percent	Min. Rear Yard 10 Ft.
	Building Height 35 Ft.(Max.)	

SIGNS: Type X Area permitted X Area requested X

YARD DIMENSIONS (Not required for signs)

Front 213 Ft. Right Side X Ft. Left Side 25 Ft. Rear 25 Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner SAME Address ..... Tel. No. [redacted]

Lessee ..... Address ..... Tel. No.....

Contractor ..... Address ..... Tel. No.....

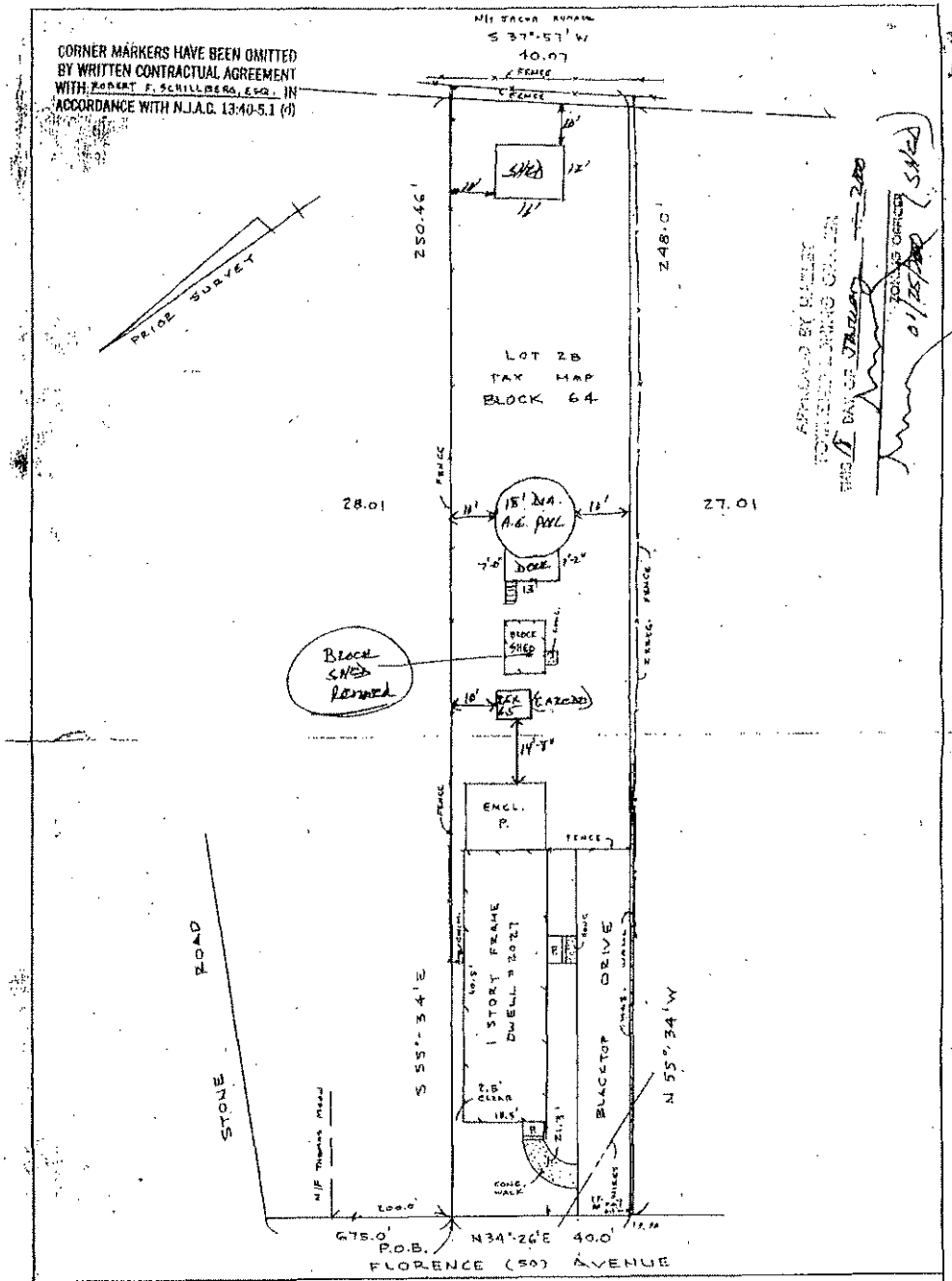
Estimated cost of work $ 500.00

Zoning Permit Fee $ 20.00

X Michael Farrell
Signature of Applicant or Agent

Gregory F. Maryak - Zoning Officer

NOTES:



SURVEY OF PROPERTY FOR: Michael Iandoli and Carolyn Iandoli, h/w
SITUATED IN: Township of Hazlet, Monmouth County, N.J.
PREPARED BY: THOMAS M. ERNST & ASSOCIATES, PROFESSIONAL LAND SURVEYORS, INC.
388N SPOTSWOOD ENGLISHTOWN ROAD, JAMESBURG, N.J.
DATE: June 2, 1992 SCALE: 1"=20'

CERTIFIED TO: Michael Iandoli and Carolyn Iandoli, h/w;
Carteret Savings Bank, FA, its successors and/or its assigns;
East Coast Title Agency;
Robert F. Schillberg, Esq.

THOMAS M. ERNST
N.J.P.L.S. LIC.# 19000

92015840

APPROVED BY HAZLET
TOWNSHIP ZONING OFFICER
THIS ___ DAY OF ___ 19 ___
ZONING OFFICER

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

Date 01/18/2000 Application No. X

Permit No. 7521

Application is hereby made for a Zoning Permit in conformity with the requirements the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name In Ad Dolt
(If Commercial or Industrial give name of store, company, etc.)

Address 2027 Florence Avenue

Block 64 Lot 28 Zone R-70

The above named applicant hereby applies for a Zoning Permit to:

1. 18' DIA. A.G. pool + 7'2"x13' attached deck
2. GAZEBO 6.5' x 8.5'
3. Removal of 3 block garage

Fill in the following items that apply to the property in question. pool

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 10,000 Sq. Ft.	Type 1 Sty. Frame	Total Area 264 Sq. Ft.
Frontage 40 Ft.	Gross Floor Area ..... Sq. Ft.	Min. Side Yard 10 Ft.
Depth 250 Ft.	Lot Coverage ..... Percent	Min. Rear Yard 10 Ft.
	Building Height 35 Ft.(Max.)	

SIGNS: Type X Area permitted X Area requested X

YARD DIMENSIONS (Not required for signs)

Front 21.3 Ft. Right Side X Ft. Left Side 25 Ft. Rear 25 Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner SAME Address ..... Tel. No. [redacted]

Lessee ..... Address ..... Tel. No.....

Contractor ..... Address ..... Tel. No.....

Estimated cost of work $3,000.00

Michael T. Dolt
Signature of Applicant or Agent

Zoning Permit Fee $40.00 Paid Cash 6.12

NOTES: All work previously completed

Gregory F. Maryak - Zoning Officer

HAZLET TOWNSHIP, NEW JERSEY

APPLICATION FOR ZONING PERMIT

Date 01/25/2000 Application No. X

Permit No. 7523

Application is hereby made for a Zoning Permit in conformity with the requirements the Zoning Ordinance of the Township of Hazlet and any amendments thereto for the following described work:

Name [redacted]
(If Commercial or Industrial give name of store, company, etc.)

Address 2027 Florence Avenue

Block 64 Lot 25 Zone R-7D

The above named applicant hereby applies for a Zoning Permit to: 12' x 16' shed "Presently exists" to be relocated to conform to ordinance

Fill in the following items that apply to the property in question.

SIZE OF PROPERTY	PRINCIPAL BUILDING	ACCESSORY BUILDING(S)
Area 9,900 Sq. Ft.	Type 1 story frame	Total Area 192 Sq. Ft.
Frontage 40 Ft.	Gross Floor Area 1447 Sq. Ft.	Min. Side Yard 10 Ft.
Depth 249 Ft.	Lot Coverage 17 Percent	Min. Rear Yard 10 Ft.
	Building Height 31 Ft.(Max.)	

SIGNS: Type X Area permitted X Area requested X

YARD DIMENSIONS (Not required for signs)

Front 21.3 Ft. Right Side X Ft. Left Side 25 Ft. Rear 25 Ft.

Submitted herewith is a dimensioned plan (Certified Survey) of the lot showing proposed work and/or existing structure(s).

Owner [redacted] Address ..... Tel. No. [redacted]

Lessee ..... Address ..... Tel. No.....

Contractor ..... Address ..... Tel. No.....

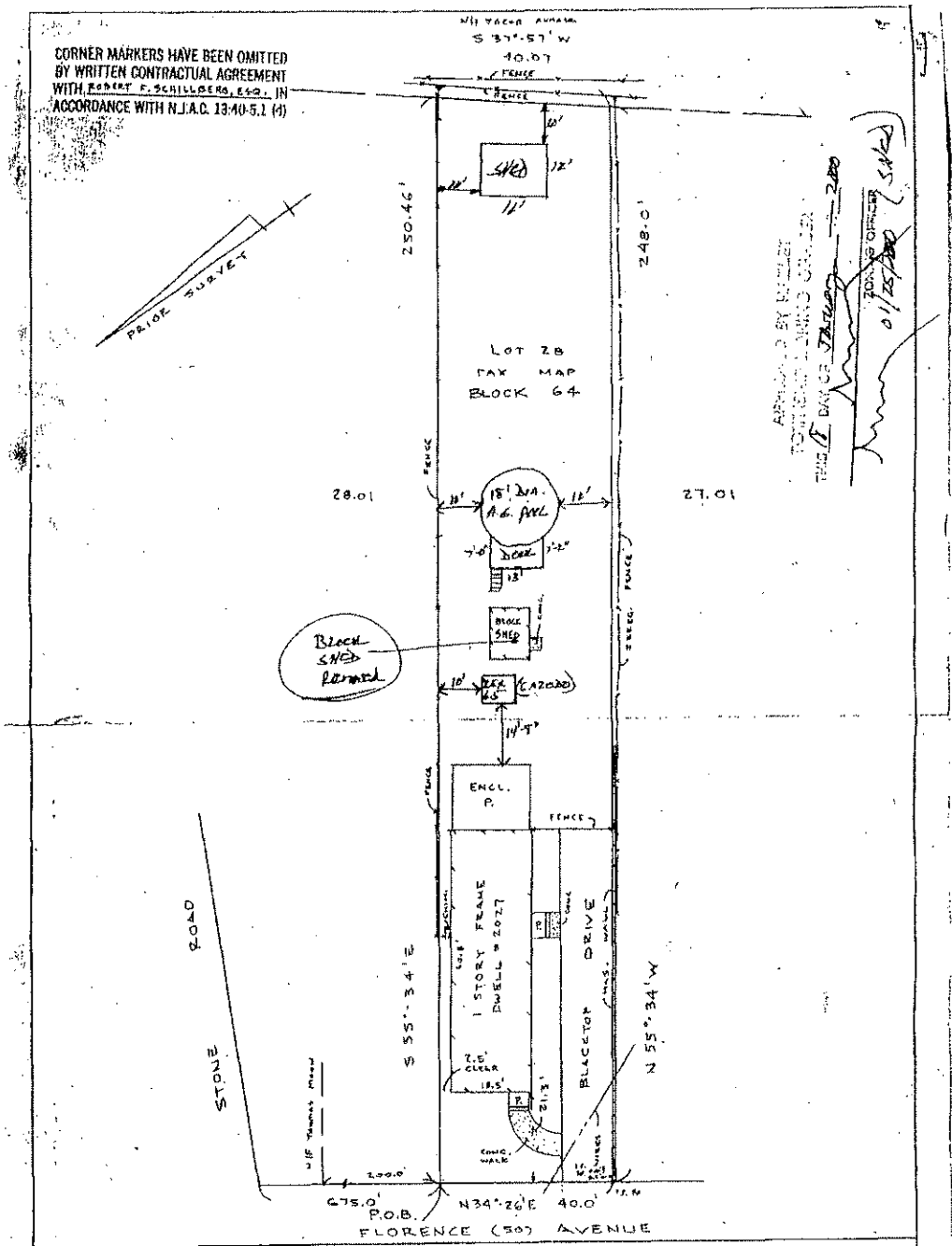
Estimated cost of work $ 500.00

[redacted]
Signature of Applicant or Agent

Zoning Permit Fee $ 20.00

NOTES:

Gregory F. Maryak - Zoning Officer



SURVEY OF PROPERTY FOR: Michael Iandoli and Carolyn Iandoli, h/w
SITUATED IN: Township of Hazlet, Monmouth County, N.J.
PREPARED BY: THOMAS M. ERNST & ASSOCIATES, PROFESSIONAL LAND SURVEYORS, INC.
388N SPOTSWOOD ENGLISHTOWN ROAD, JAMESBURG, N.J.
DATE: June 2, 1992 SCALE: 1"=20'

CERTIFIED TO: Michael Iandoli and Carolyn Iandoli, h/w;
Carteret Savings Bank, FA, its successors and/or its assigns;
East Coast Title Agency;
Robert F. Schillberg, Esq.

THOMAS M. ERNST
N.J.P.L.S. LIC.# 19000

92015860

APPLICANT IANOLI

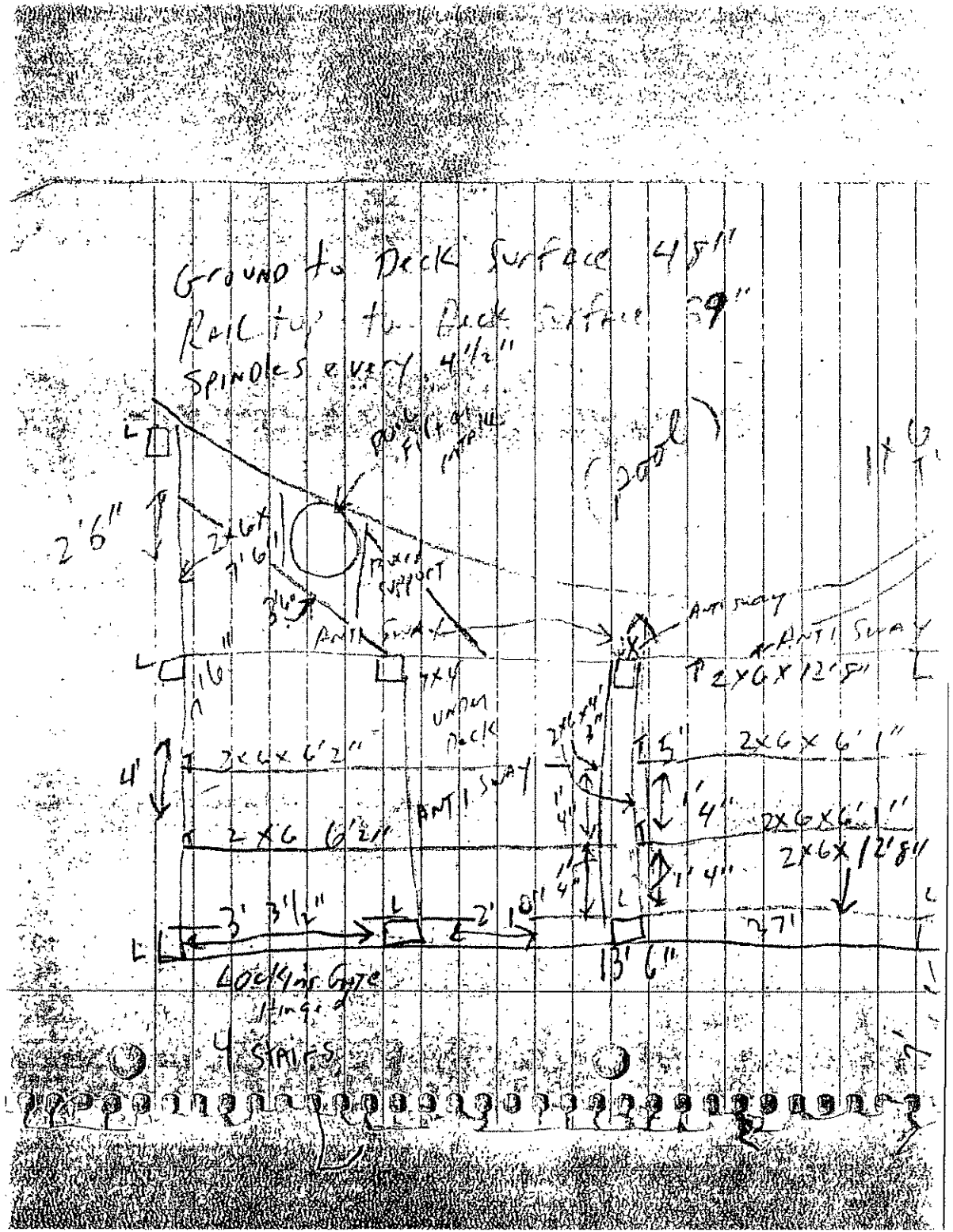
ADDRESS 207 Florence

BLOCK 64 LOT 28

DATE 1/26/00

	APPROVED	DATE	DENIED	DATE
PETER A. TERRANOVA CONSTRUCTION CODE OFFICIAL BUILDING INSPECTOR				
JOHN BESLANOVITZ FIRE SUB-CODE FIRE INSPECTOR				
ERROL LAMBERSON PLUMBING SUB-CODE PLUMBING INSPECTOR				
GEORGE MARTIN ELECTRIC SUB-CODE ELECTRIC INSPECTOR				
FRANK DI ROMA BUILDING INSPECTOR				

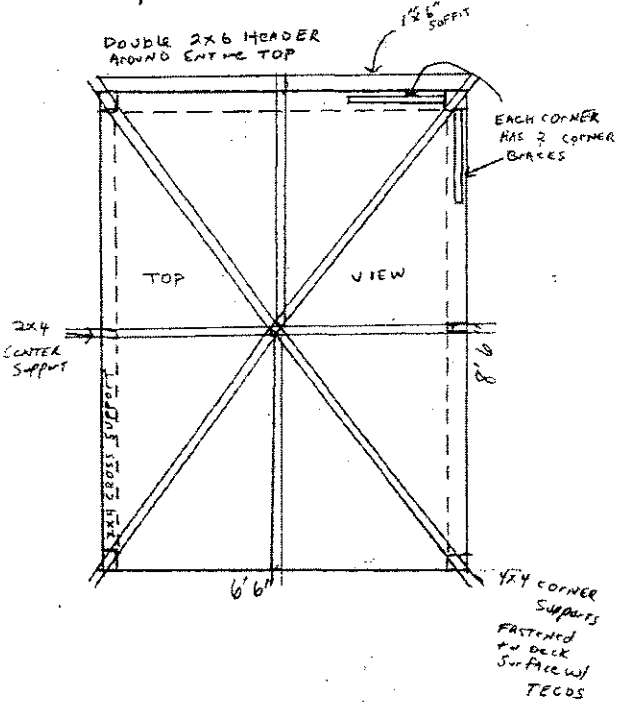
PERMIT APPLICATION ON DRAWING TABLE PLEASE REVIEW AND SIGN OFF

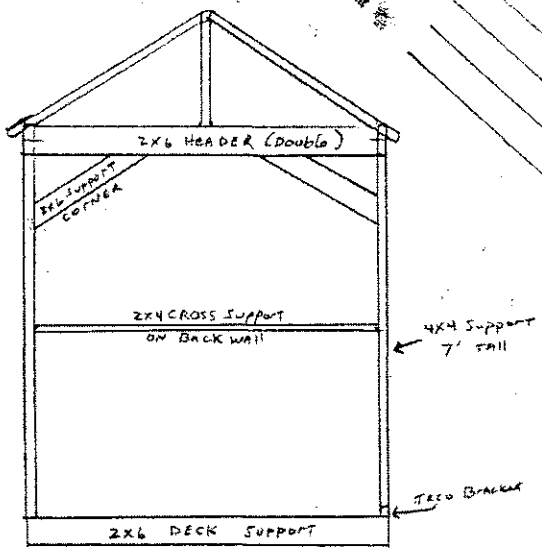

Ground to Deck Surface 4'5"
Rail top to Deck Surface 39"
Spindles every 4 1/2"
2'6"
2x6x 7'6"
3'6"
Anti Sway
Anti Sway
16"
4x4
under deck
2x6x6'2"
4'
2x6 6'2"
Anti Sway
2x6x12'5"
Anti Sway
1'5"
2x6x6'1"
1'4"
2x6x6'1"
2x6x12'8"
1'4"
1'4"
3' 3 1/2"
2' 10"
13' 6"
7'1"
Locking Gate
4 Stairs

GAZEBO

Scale 1/2" = 1'

4 SIDED ROOF
2x6 Roof supports (frame)
1/2" plywood Roof sheathing
Asphalt Roof shingles

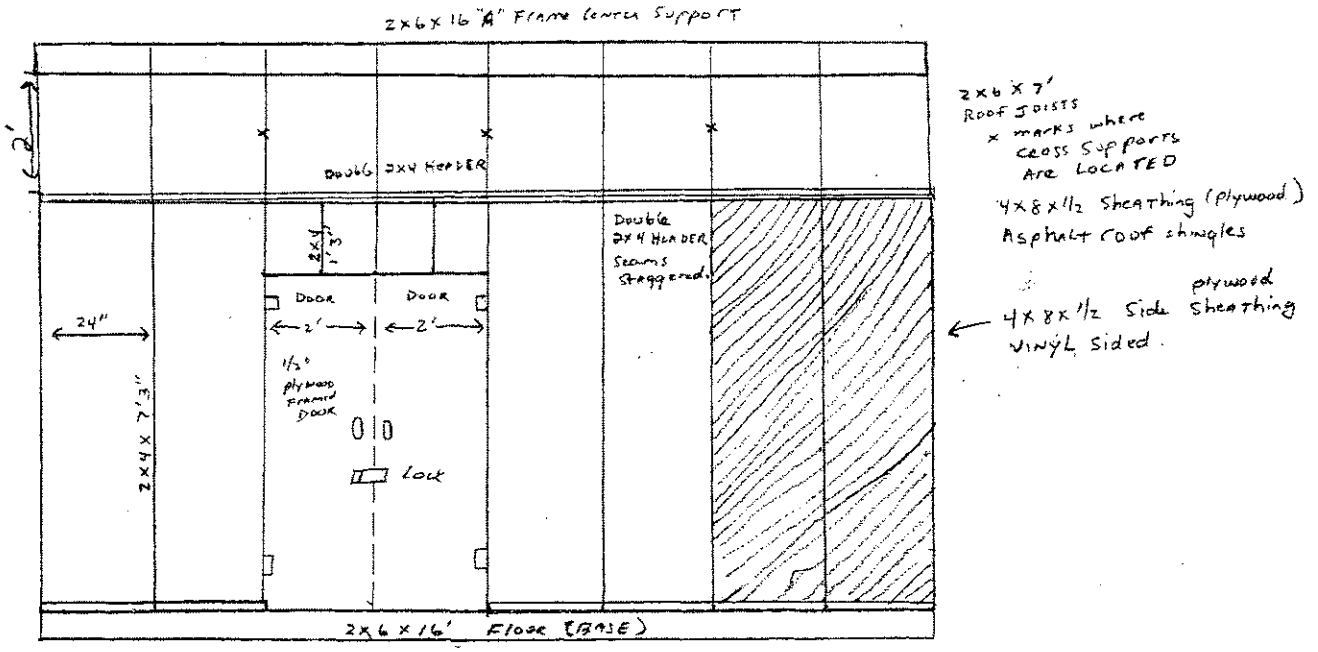




OFFICE COPY

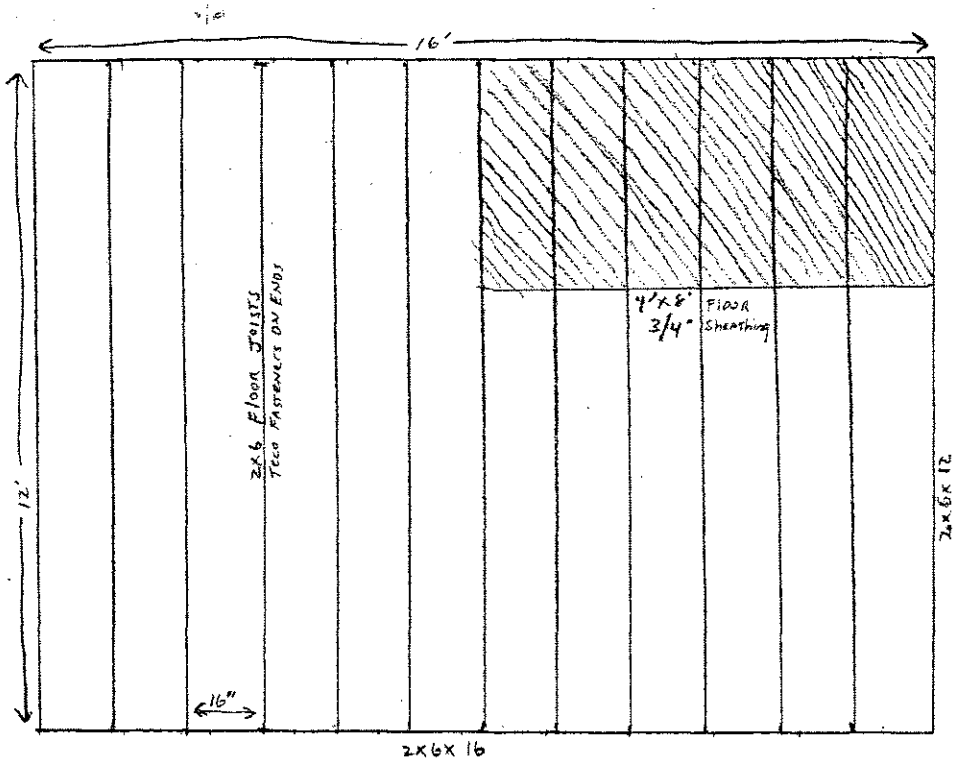
(OVER)

SHED, FRONT VIEW



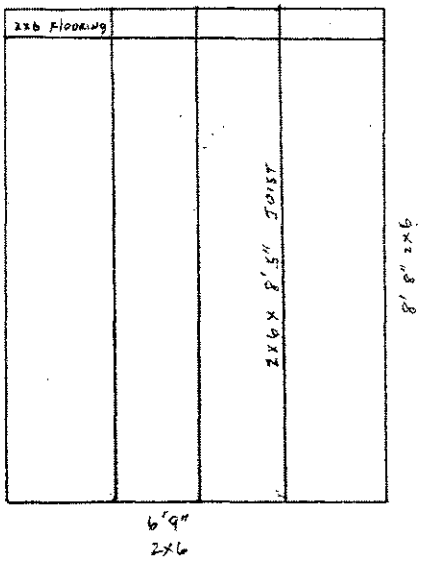
(OVER)

Floor plans



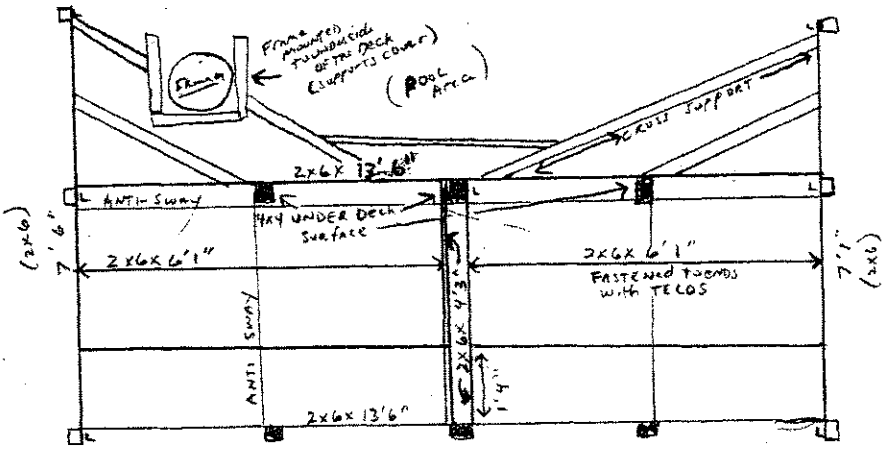
Shed sits on cinder block supports on corners/centers

Deck Surface Sits ON
6"x 12" PATIO Blocks
in each corner



(Bottom view)
(NOT reversed from top view)

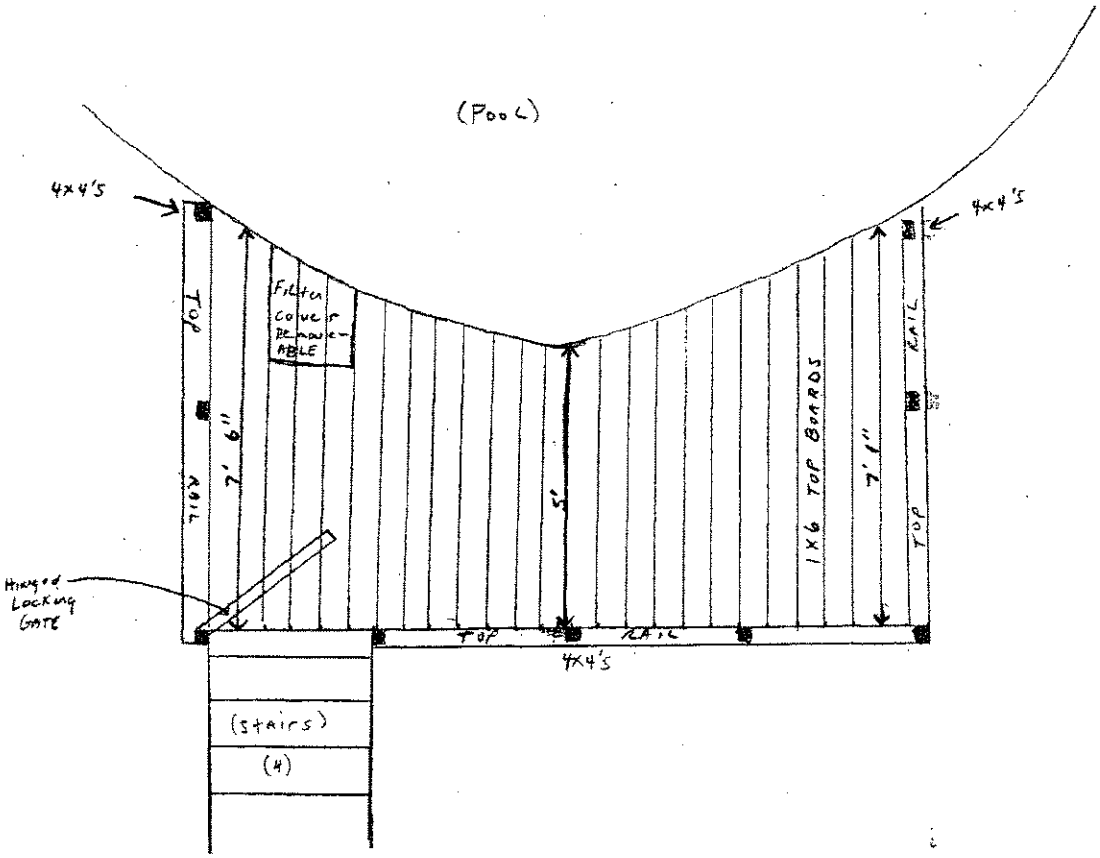
POOL DECK



All pressure treated lumber

ALL 2x6's Securely Fastened to 4x4's with Lag Bolts

Top view

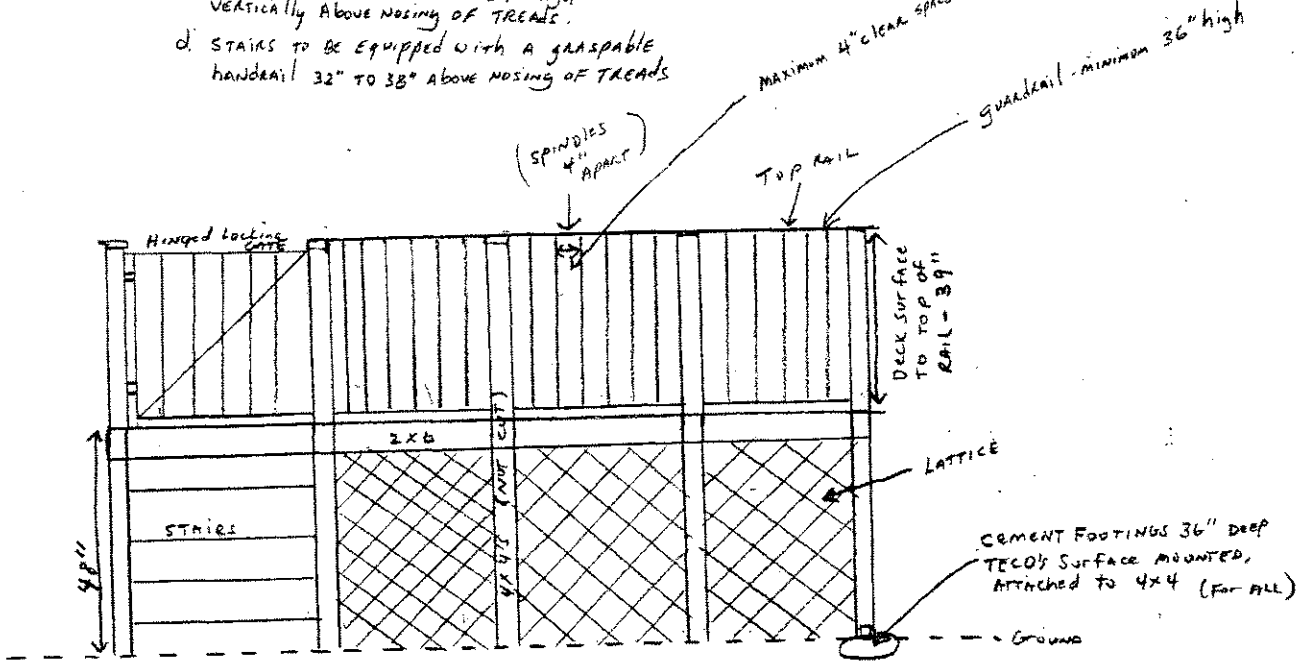


1/2" = 1'

(over)

(Side View)

1. STAIRS - a. RISERS TO BE OF UNIFORM HEIGHT (NOT TO EXCEED MAXIMUM OF 8¼" high
   b. TREADS - TO BE MINIMUM OF 9½" DEEP
   c. STAIRS TO HAVE TO GUARDRAILS ON BOTH SIDES GUARDRAILS TO BE AT LEAST 34" high MEASURED VERTICALLY ABOVE NOSING OF TREADS.
   d. STAIRS TO BE EQUIPPED WITH A GRASPABLE HANDRAIL 32" TO 38" ABOVE NOSING OF TREADS



Hazlet Township

Permits without a Jacket

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
3400 EXECUTIVE PLAZA
SUITE 9
HIGHWAY 35 SOUTH
HAZLET, NJ 07730

APPLICATION FOR CERTIFICATE

date _____
check _____ cash
amount _____
DATE ISSUED _____
Block 64 Lot 28
Subdivision _____
Notice No. _____

IDENTIFICATION

WORK SITE LOCATION 2027 Florence Dr. Hazlet

OWNER
Name Leone Louis + Charmen
Address 2027 Florence Dr.
Town/State/Zip Hazlet NJ 07735 TEL.# [redacted]

BUYER ~~TENANT~~
NAME Sandoli, Michael + Carolyn

ACTION

☒ CERTIFICATE OF CONTINUED OCCUPANCY

USE GROUP: R-3 Previous R-3 Current

739-2122 until 4:30

ANY CHANGE IN OWNERSHIP OR TENANT A NEW CERTIFICATE MUST BE APPLIED FOR.

BEFORE ISSUANCE OF A CERTIFICATE, SELLER OR AGENT MUST RETURN THE RECYCLE BUCKETS TO THE ROAD DEPT AT LEOCADIA COURT AND RETURN RECEIPT TO THIS DEPARTMENT.

INSPECTION DATE _____

INSPECTION RESULTS

BLDG PASS [ ] BLDG FAIL [ ] OTHER [ ]
ELCT PASS [ ] ELCT FAIL [ ] OTHER [ ]

REINSPECTION FEE _____

PAID _____ DUE _____

RECYLE BUCKETS _____

REINSPECTION DATE _____

SIGNED: Charmen Leone
OWNER/AGENT

☒ Owner
☐ Agent

TELEPHONE # 908-739-1529

2027 - Florence

FAX - 583-8940.
VIOLATIONS
Mr YACKER

7/28/92 1. lacks smoke detectors (needs 2)
1 near 2 rear bedrooms & 1 near front bedroom
2. toilet tank is loose

3. Rear enclosed porch - check for permits (constructed over masonry slab Patio)
a. rafters 2x6 over spanned (15 ft.)
b. no headers over 3' openings (load bearing) window opening
c. ledger not bolted to house

Checked records no permit for patio enclosure.

4. rear addition - gas grill to close to house
(heat is melting vinyl siding)

5. rear roof gutter off porch - (has fallen off)

6. left side: leader pipe (front) disconnected

7. V egetation growing in left side gutter -

8/4/92 Violations corrected - (items 1. 2 & 4)
note item 4 - gas grill removed - note pipe capped at house and at grill stand.

Regarding other violations / received letters from attorney for buyer & buyer - that all other violations are to be corrected within 30 days -

9/3/92 1. permits for rear patio enclosure not applied for
9/4/92 9.10 A.M. called Mr. Yaffee (attorney) he stated they need to obtain variance for patio enclosure before applying for permit
will send letter
9/11/92 Violations corrected - no other visible violations
must obtain permit - attorney stated variance needed

HAZLET TOWNSHIP
CONSTRUCTION DEPT.
319 MIDDLE ROAD
HAZLET, NEW JERSEY 07730

ELECTRICAL SUBCODE
TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 64 Lot 28
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner Lloyd Louis + Charleen
Address 2027 Florence Ave.
Hazlet
Tel [redacted]
Work Site Address _____

When changing contractors, notify this office

Contractor _____
Address _____
Tel. ( ) _____
Lic.No./Bus. Permit. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

_____
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS
7-28-92 DEF.	1) REPAIR CABLE GOING TO HEAT CIRCULATOR MOTOR.
	2) RECEPTACLE REQUIRED IN BATHROOM
8/4/92	Violation corrected OK Tim

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Rough				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

CUT-IN

	Date Issued	Expiration Date
Temporary Cut-in-Card		
Temporary Cut-in-Card		
Final Cut-in-Card		

HAZLET TOWNSHIP CONSTRUCTION DEPARTMENT
3400 EXECUTIVE PLAZA SUITE 9
HAZLET, N.J. 07730
(908) 264-5707

CONSTRUCTION DEPARTMENT

PETER A TERRANOVA *Construction Code Official*
PETER A.TERRANOVA *Sub Code Building Official*
JOHN BESLANOVITZ *Fire Sub Code Official*
ERROL W. LAMBERSON *Plumbing Sub Code Official*
THOMAS F. BALLAND *Electrical Sub Code Official*
THOMAS CLOUGHER *CODE ENFORCEMENT OFFICER*

TO: L & C Leone
2027 Florence Ave
Hazlet,NJ 07730

RE: C.C.O. inspection BLK: 64 LOT 28
DATE: July 30,1992

On July 28, 1992 an inspection for a Certificate of Continued Occupancy was conducted and the following violations were observed.

1. Building lacks smoke detectors (needs minimum of 2) Violation of ES-704.2
2. Bathroom-toilet tank loose - Violation of ES-501.1
3. Rear - Enclosure erected over masonry patio without obtaining required permits-violation of N.J.A.C. 5:23 - 2.14 (a)
4. Left side storm leader pipe disconnected - vegetation growing out of left side rain gutter - violation of ES - 302.1 & ES - 506.1
5. Exterior/rear - gas grill located to close to enclosure over patio - violation of ES 601.3 & ES 601.4.2

(Note* Items 1.2.4 & 5 violations of the Revised General ordinances of The Township of Hazlet Sub Chapter 12 - 3)

[ ] You are hereby notified to correct all the above violations by _____ at which time a reinspection will be made. Failure to correct the violations will result in the issuance of summonses and other legal action as needed.

[XX] You are hereby notified to correct all the above violations and contact this office to schedule a reinspection.

NO CERTIFICATE OF CONTINUED OCCUPANCY WILL BE ISSUED UNLESS THE SAID VIOLATIONS ARE CORRECTED.

If you have any questions concerning this matter, please call: (908) 264-5707.

Peter A. Terranova

Peter A. Terranova
Construction Code Official

Electric inspection results have not been included in this notice....

HAZLET TOWNSHIP CONSTRUCTION DEPARTMENT
3400 EXECUTIVE PLAZA SUITE 9
HAZLET, N.J. 07730
(908) 264-5707

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Peter A. Terranova

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Construction Code Official

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** TRANSMIT CONFIRMATION REPORT **

Journal No.	:	002
Receiver	:	19085838940
Transmitter	:	HAZLET TWP MUN OFFICE
Date	:	Jul 31,92 14:13
Time	:	01'56
Mode	:	FINE
Document	:	02 Pages
Result	:	O K

YACKER & GRANATA
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

STANLEY YACKER
LOUIS E. GRANATA
ROBIN T. WERNIK
N.J. & P.A. BAR

210 MAIN STREET
P. O. BOX 389
MATAWAN, NEW JERSEY 07747

(908) 583-3636
TELEFAX (908) 583-8940

July 31, 1992

Mr. Peter Terranova
Hazlet Township Construction Dept.
3400 Executive Plaza
Suite 9
Hazlet, NJ 07730

Re: Leone to Iandoli
2027 Florence Avenue
Hazlet, New Jersey

Dear Mr. Terranova:

Please be advised that both the sellers and the buyers in the above captioned matter are aware that certain work must be done before a Certificate of Occupancy can be issued. The buyer's lender is insisting upon a Certificate of Occupancy without conditions.

It is further acknowledged by all parties that a zoning permit will also be needed from Hazlet Township to confirm the existence of the enclosed patio. It is important that the closing of title take place as scheduled on August 4, 1992 at 4:30 p.m. Accordingly, the parties represent as follows:

1. Necessary and proper smoke alarms will be installed prior to closing.

2. The gas grill will be removed and capped and will only be hooked up (if at all) at an approved location further from the house.

3. A contractor shall be hired by the seller to do all the necessary work required by Hazlet Township, said work to be completed within 30 days from date of closing. A written estimate will be furnished to the Code Enforcement Officer.

4. Seller shall also obtain all necessary permits(including the Zoning Permit) within said 30 day period.

Received 8/3/92

5. Buyer acknowledges that they will be purchasing the premises and occupying same prior to the seller meeting all of the obligations as set forth above. Buyer nevertheless agrees to waive their rights to delay the closing and further agrees to waive any claims or demands against the Township of Hazlet or any of their officials.

Please arrange to reinspect the premises on August 3, 1992, and if items 1 and 2 above haven been completed, kindly issue the required Certificate of Occupancy without conditions. I have requested the concurrence of all parties by signing below.

Thank you for your cooperation in this matter.

Very truly yours,

STANLEY YACKER

SY:pr

WITH CONCUR THE ABOVE TERMS AND CONDITIONS.

LOUIS LEONE	Seller	CHARNEEN LEONE	Seller
MICHAEL IANDOLI	Buyer	CAROLYN IANDOLI	Buyer

Hazlet Township

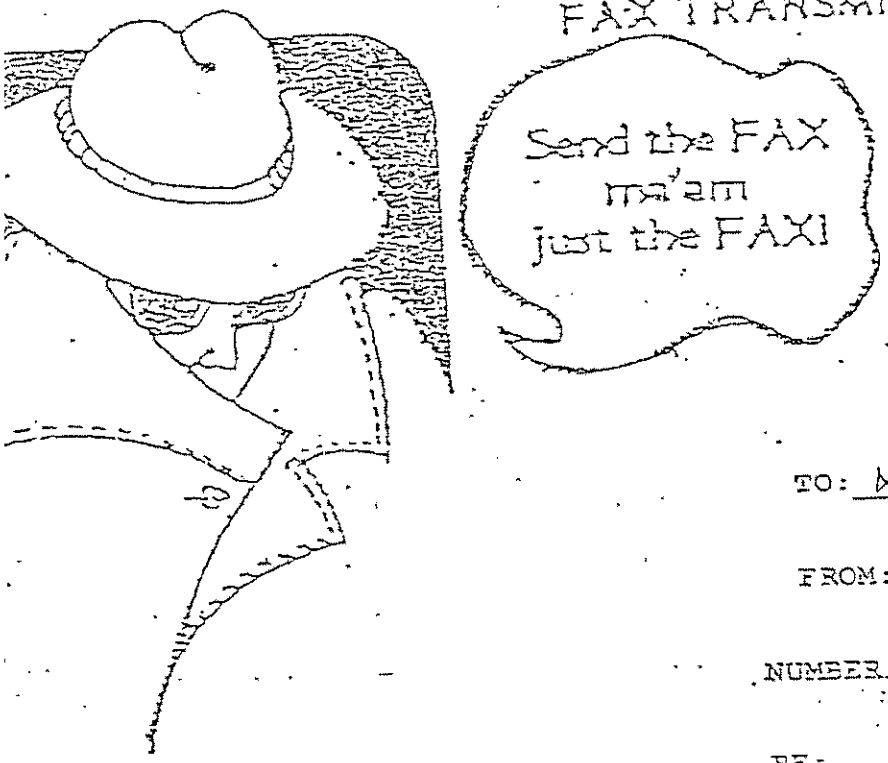
COMMITTEE:
JOHN J. BRADSHAW, Mayor
RON WALSH, Deputy Mayor
MARY JANE WILEY, Committeewoman
JAMES J. CULLEN, Committeeman
JOAN E. HORAN, Committeewoman

319 MIDDLE ROAD
(P. O. BOX 371)
HAZLET, NEW JERSEY 07730-0371

TELEPHONE: (908) 264-1700
FAX: (908) 264-1785

JEROME A. CEVETELLO, Jr.
Municipal Administrator

FAX TRANSMISSION COVER SHEET



Date: 7/3/92

TO: K & C Leone

FROM: Hazlet Twp. Construction Dept.

NUMBER OF PAGES TO FOLLOW: 1

RE: _____

2027 Florence

HAZLET TOWNSHIP CONSTRUCTION DEPARTMENT
3400 EXECUTIVE PLAZA SUITE 9
HAZLET, N.J. 07730
(908) 264-5707

CONSTRUCTION DEPARTMENT

PETER A TERRANOVA *Construction Code Official*
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If you have any questions concerning this matter, please call: (908) 264-5707.

Peter A. Terranova

Peter A. Terranova
Construction Code Official

Electric inspection results have not been included in this notice....

STREET NAME: Florence

(NEW OWNER)
PICK UP BUCKETS AT: 39 LEOCADIA COURT HAZLET
(OFF SOUTH LAUREL AVENUE)

CERTIFICATE OF RELEASE: BUILDING INSPIECTOR
3400 Highway #35 Suite #9
HAZLET, NEW JERSEY 07730

DATE RETURNED BUCKETS: 7/28/92

OWNERS NAME: Leone

ADDRESS: 2027 Florence Ave. Keyport

BUCKETS RETURNED: 4

BUCKETS MISSING: 0

AMOUNT PAID FOR MISSION BUCKETS: 0

BUCKETS/MONEY RECEIVE BY: M. Auriemma

DATE RECEIVED BUCKETS:

SIGNATURE OF PERSON RECEIVING BUCKETS:

OWNERS name:

Co.	Co.
Dept.	Phone #
Fax # 583-7698	Fax #

Mr. Peter Terranova
Hazlet Township Construction Dept.
3H00 Executive Plaza
Suite 9
Hazlet, NJ 07730

Post-it™ brand fax transmittal memo 7671	# of pages ▸ 2
To R. SCHIBERG	From S. YACKER
Co.	Co.
Dept.	Phone # 583-3636
Fax # 212-964-5831	Fax #

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Hazlet, New Jersey

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STANLEY YACKER

SY:pr

WITH CONCUR THE ABOVE TERMS AND CONDITIONS.

LOUIS LEONE Seller

Charneen Leone
CHARNEEN LEONE Seller

Michael J Iandoli
MICHAEL IANDOLI Buyer

Carolyn Iandoli
CAROLYN IANDOLI Buyer

BLOCK 64 LOT 28 ADDRESS (SITE) 2027 Florence Ave PERMIT NO. 96-0976

CONSTRUCTION PERMIT APPLICATION

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

11/13/96 10 AM called/home advised permit ready

12-31-96 OK

I. IDENTIFICATION

1. Proposed Work-site at: 2027 Florence Ave
2. Name of Owner in Fee: Michael L IANDOLI Tel [redacted]
   Address 2027 Florence Ave (street) Hazlet (municipality) 07730 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Self Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work Self. Tel. (___) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	33.		
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		1.		
10. Subtotal	$			
11. Cert. of Occupancy/Letter		20		
12. Other				
13. TOTAL	$	54		

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	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

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

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 1
After Construction 1
Net gain or loss 0

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

LDS HZ 10402493

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. 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. (X) 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.

X Signature Michael J Bodel Date 11/12/96

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 Divisio 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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: 11/12/96

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	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	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.				

CONSTRUCTION PERMIT

Date Issued 11/13/96
Control #
Permit # 96-0576

IDENTIFICATION Block 64 Lot 28

Work Site Location 2027 Florence Ave
Hazlet, NJ 07730

Owner in Fee Michael L Fanooli

Address

Tele. [redacted]

Contractor Self

Address

Tele [redacted]

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. _____

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Front Half of House: remove roofing shingles and cedar shakes. Replace with plywood & new roofing shingles.

Back Half of house - remove old roofing shingles and replace.

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 $ 1000.00

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	33.—
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1.
Cert. of Occ.	20.
Other	
Total	54.—
Check No.	2579
Cash	
Collected By:	

(see reverse side)

U.C.C. Form F-170C

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

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

2027

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/13/96
Date Issued
Control #
Permit # 96-0976

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

Block 69 Lot 26
Work Site Location 2027 FLORENCE AVE.
Owner in Fee MICHAEL IANNOCCI
Address 2027 FLORENCE AVE.
HAZLET, NJ
Tel. [redacted]
Contractor SELF
Address
Tele. [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

X Michael J Iannocci
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ON Front half OF House; remove roofing shingles AND cedar shake replace with plywood + new roofing shingles. (± Plywood)
Back half: remove roof shingles + replace.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	11/13	M.
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 12/31/96		
Approved By: [signature]		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final		1	12/21/96	~~MD~~

B. BUILDING CHARACTERISTICS

Use Group	Present R3	Proposed R-3	
Constr. Class	Present 5-C	Proposed 5-B	
No. of Stories			
Height of Structure			Ft.
Area—Largest Floor			Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 10,000
3. Total (1+2) $

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

[ ] Demolition

(Office Use Only)
FEE

Administrative Surcharge	$
Minimum Fee	$ 33
DCA TRAINING FEE	$
TOTAL FEE	$

Paid [ ] Check # 2579
Collected by:

U.C.C. Form F-1108 1 White = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

10/21/96 SOME SHINGLES LIFTING
INSTRUCTED HOMEOWNER TO PUSH DOWN
SHINGLE. F.F.D

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11/13/96
Date Issued
Control #
Permit # 96-0976

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

Block 69 Lot 38
Work Site Location 2027 FLORENCE Ave.
Owner in Fee MICHAEL IANOOLI
Address 2027 FLORENCE Ave. HAZLET, NJ
Tele. [redacted]
Contractor SELF
Address
Tele. [redacted]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

X Michael Ianooli
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ON Front half OF House: remove roofing shingles AND cedar shake replace with ply wood + New roofing shingles. (± Plywood)
Back half: remove roof shingles + replace.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	11/13	RL
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other		/		
Final				

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

(Office Use Only) FEE

$

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 5-B Proposed 5-B
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 1000.
3. Total (1+2) $

Paid [ ] Check # 2879
Collected by:

Administrative Surcharge $
Minimum Fee $ 33.
DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-1108 — 1 White = Office Copy; 2 Canary = Office Copy; 3 Pink = Applicant Copy; 4 Hard = Inspector Copy

TOWNSHIP OF HAZLET
319 MIDDLE ROAD
HAZLET, NJ 07730

PERMIT #_____ DATE NOV 12, 1996

PROPERTY OWNER Michael Tandoli

ADDRESS 2027 Florence Ave.

BLOCK_____ LOT_____

APPLICANT Michael Tandoli

NOTICE TO ALL CONSTRUCTION PERMIT APPLICANTS

IN COMPLIANCE WITH THE MONMOUTH COUNTY SOLID WASTE MANAGEMENT PLAN (MAY 1993) AND MUNICIPAL ORDINANCE 1000-95 THE APPLICANT SHALL IDENTIFY TO THE BUILDING DEPARTMENT ALL DISPOSAL AND RECYCLING ARRANGEMENTS BEFORE A CONSTRUCTION OR DEMOLITION PERMIT WILL BE ISSUED. THE APPLICANT SHALL PROVIDE APPROPRIATE RECORDS DOCUMENTING THE QUANTITY AND DISPOSITION OF ALL MATERIALS. A DEPOSIT OF $ 6 SHALL BE HELD BY THE BOROUGH UNTIL SUCH TIME AS PROPER RECORDS ARE SUBMITTED. FOR SMALL QUANTITIES OF DEBRIS, A HOMEOWNER EXEMPTION MAY APPLY.

THE FOLLOWING MATERIALS ARE RECYCLABLE:
CONCRETE, ASPHALT, BRICK, CINDER BLOCK, STUMPS, TREE PARTS, CLEAN DEMOLITION WOOD, LEAVES, GRASS, APPLIANCES, OIL, BATTERIES AND ALL HOUSEHOLD RECYCLABLES

Prior to the issuance of a construction permit for any work where there is a presence of materials classified as hazardous by any regulatory government agency, the applicant shall provide the Construction Official with a statement specifying the type and quantity of hazardous materials, the method of disposal and an approval from the Monmouth County Health Department on the method of handling, transporting and disposing.

In the case of underground storage tanks or contaminated soil, the appropriate regulatory procedures shall be followed as a prerequisite to the issuance of a removal permit.

Please complete reverse side of this form to indicate disposal arrangements

ANTICIPATED DISPOSAL ARRANGEMENTS (Check appropriate lines)

DISPOSAL BY CONTRACTOR X HOMEOWNER ____ OTHER ____

NAME OF CONTRACTOR M SCHITO

CONTAINER(S) DUMPSTER X SIZE 10 yard HAULER ____

OTHER ____

ESTIMATED TONNAGE OR CUBIC YARDAGE OF DEBRIS GENERATED BY PROJECT

2 TONS EST. AMOUNT TO BE RECYCLED ____

MATERIALS TO BE DISPOSED:	DESTINATION:
1. Roofing shingles	
2. CEDAR shakes	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Date recycling deposit received ____

Date recycling records received ____

Date recycling deposit returned ____

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 2027 Florence Ave Keyport NJ 07735
2. Owner Name: Leone, Louis & Charmaine Tel. ( )
   Address 2027 Florence Ave
3. Principal Contractor: Gatewood Siding Tel. [redacted]
   Address 11-17 W. Park Ave, Merchantville NJ
   Lic. No. or Builder Reg. No. 64883 Federal Emp. No. 22-1807083
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work D. Hom Tel. (609) 662-2500

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☑ Building/Structural	$9,400
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☑ Other siding	
6. ☐ Other	
TOTAL COST	$9,400

C. DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R—1)
2. ☐ Multi-Family (R—2)
   HMD Reg. No.:
3. ☐ Two Family (R—3b)
4. ☐ One-Family (R—3a)

If new construction, enter no. of dwelling units ______

If other than new construction, enter no. of dwelling units:
Before Construction: ______
After Construction: ______
Net Gain (or loss): ______

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A—1—A)
6. ☐ Movie Theatres (A—1—B)
7. ☐ Night Clubs (A—2)
8. ☐ Restaurants, Libraries, Museums (A—3)
9. ☐ Religious Assembly (A—4)
10. ☐ Outdoor Assembly (A—5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F—1)
14. ☐ Low-Hazard Factory (F—2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I—1)
17. ☐ Hospitals, Infirmaries (I—2)
18. ☐ Group Homes (I—3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S—1)
21. ☐ Low-Hazard Warehouse (S—2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other ______

State Specific Use: ______

If Change in Use Group, Indicate Former: ______

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other ______

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories ______
15. Height of Structure ______ Ft.
16. Area—Largest Floor ______ Sq. Ft.
17. Bldg. Area—All Fls. ______ Sq. Ft.
18. Volume of Structure ______ Cu. Ft.
19. Total Land Area Disturbed ______ Sq. Ft.

LDS HZ 10402494

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE D. Howe DATE Aug 22 88

II. AGENT SECTION

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

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 Gatewood Siding Dist. TEL.(609 662-2500

ADDRESS 11-17 W. Park Ave.

Marchantville NJ.

SIGNATURE D. Howe

BLOCK NO. 64 LOT NO. 28 SUBDIVISION _____ PERMIT NO. B4064

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings		☐ Mechanical		☐ Flood Hazard	
☐ Building		☐ Energy		☐ As Built Elevation Certification	
☐ Electrical		☐ Barrier Free		☐ Other	
☐ Plumbing		☐ Other			

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ _____ .
PLUMBING	_____ .
ELECTRICAL	_____ .
FIRE PROTECTION	_____ .
OTHER _____	_____ .
SUBTOTAL	$ _____ .
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____ .)
D.C.A. TRAINING FEE .0006 x _____	= _____ .
CERTIFICATE OF OCCUPANCY	_____ .
OTHER _____	_____ .
OTHER _____	_____ .
TOTAL COLLECTED WHEN PERMIT ISSUED	$ _____ .

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ _____ .
COLLECTED AFTER PERMIT (VB)	_____ .
TOTAL	$ _____ .

B.P. #6564
issued 7/3/74

Hazlet Township

Monmouth County, New Jersey

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Application is hereby made for a Certificate of Occupancy in accordance with the requirements of Section 1, Article XV subparagraph 2b of the Zoning Ordinance of the Township of Hazlet.

Name of buyer (Please print) LOUIS + CHARLEEN LEONE

Name of seller (Please print) LOUIS HANNA ET ALS

A. Location of Property 2027 FLORENCE AVE, HAZLET
STREET AND NUMBER

B. Tax Map Description Lot 28 Block 64

C. Description of Building – (Specify type of construction, number of stories, outside dimensions, and any other outstanding characteristics.)
Building is a one story, no basement (crawl space) structure of frame construction. Building has dimensions of 28' WX 60' L.

D. Size of Property – (Give street frontage, depth, and approximate area.)
FRONTAGE – 40'
DEPTH – 250'
AREA – 10,000 ☐

E. Describe Type of Present Occupancy – (i.e. one-family residential, two-family residential, commercial, industrial, etc.)
one family Residence

F. Describe Proposed Occupancy – (Describe fully - see E above.)
SAME as (E) above

G. Property is Presently Zoned for RESIDENTIAL

H. Certificate of Occupancy is required for the following reason:

- ☐ New Building
- ☐ Alteration
- ☒ Sale
- ☒ VA or FHA Requirement
- ☐ Change in Use
- ☐ Extension of Use
- ☐ Change in Occupancy
- ☐ Other (Explain below)

I. Present use (conforms) ([redacted]) to the specifications of the Zoning Ordinance. If non-confirming, check below:

- ☐ Use predates zoning (give earliest date of present use.)
- ☐ Variance granted (give year and case number of variance.)
- ☐ Other (explain)

I, the undersigned, do hereby certify that all the statements contained herein are based on my own knowledge and are true and correct.

Dated: 4/9/74

Louis F. Leone Jr.
SIGNATURE OF APPLICANT

DO NOT WRITE ON THIS SIDE – FOR OFFICE USE ONLY

APPROVED	John Kmak	4/12/75
~~DISAPPROVED~~	Building Inspector	Date
APPROVED		
DISAPPROVED	Zoning Officer	Date

Reason for Disapproval:

Signature of Disapproving Official

Hazlet

BOROUGH OF ~~KEYPORT~~ Hazlet

CONSTRUCTION PERMIT

PERMIT NO. B4064

DATE ISSUED 8/22/88

Block 64 Lot 28

Subdivision

A. IDENTIFICATION

Owner Leone, Louis Agent Gatewood Siding

Address 2027 Florence Ave Address 11-17 W. Park Ave

Keyport NJ. 07735 Manchesterville NJ

Tel. ( ) [redacted] Tel. 609 662 2500

Work Site Address 2027 Florence Lic. No. 64893

Keyport NJ. Federal Emp. No. 22-1807183

PAYMENTS

Permit Fee $ 125

Fees Remitted $ 125

☐ Check No.

☒ Cash

☐ Other

Collected By: AMB

Date: 8/22/88

is hereby granted permission to perform the following work:

☑ BUILDING ☐ ELECTRICAL

☐ PLUMBING ☐ FIRE PROTECTION

☐ OTHER Siding

Description of work:

vynal siding & Trim

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

Estimated Cost of Work: $ 9,400

Eugene Balestrieri
CONSTRUCTION OFFICIAL

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

Hazlet

BOROUGH OF ~~KEYPORT~~ Edison

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. B4864
DATE ISSUED 8/22/86
REVISION DATE
Block 64 Lot 28
Subdivision

A. IDENTIFICATION

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

Owner Lopez, Luis
Address 2027 Florence Ave
Keyport NJ.
Tel. ( ) [redacted]
Work Site Address 2027 Florence Ave
Keyport NJ.

Contractor Gatewood Siding
Address 11-17 W. Pool Ave
Manahawkin NJ
Tel. 609 662 2500
Lic. No. 64883
Federal Engr. No. 22-1807183

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

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

D. Haas
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

vinyl Siding
and Trim

☐ See Plans

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

	Fee Basis	Fee
		$ 100.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$ 25.00
Total Building Fee (Greater of Minimum or Subtotal)		$ 125.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

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

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

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

Estimated Cost of Building Work: $ 9,400

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

BOROUGH OF KEYPORT

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. B4864
DATE ISSUED 5/22/86
REVISION DATE
Block 64 Lot 28
Subdivision

A. IDENTIFICATION

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

Owner Lewis, Lynn
Address 2027 E Laurel Ave
Keyport NJ.
Tel. ( ) [redacted]
Work Site Address 2027 E Laurel Ave
Keyport NJ.

Contractor Natural Look Siding
Address 11-17 W. Park Ave
Brownsville NJ
Tel. (609) 662 2500
Lic. No. 64883
Federal Empr. No. 22-1807183

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

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

D. Hoan
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

Vinyl Siding and Trim

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☑ Siding		120.00
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$ 25.00
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 120.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

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

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

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

Estimated Cost of Building Work: $ 2,400

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ TCO ☐ CA

Date:

Inspected By:

INSPECTIONS

Type	Failure Date			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

-090
95

New Jersey Department of Environmental Protection

COMMUNICATIONS CENTER NOTIFICATION REPORT

6/28

Received: 11/19/1999 | TD Log#: 53792

Operator: JULIE | Reviewed By: | Case #: 99-11-19-1102-50

Notification Type: Other

Reported By	Affiliation	Phone
ANTHONY SALVIMINI	MARIDIAN ENVIRO	[redacted]

Street Address	Municipality	State
PO BOX 4273	BRICK TWP	NJ

Incident Location: Other

Site: RESIDENCE AT | Phone:

Street Address	Municipality	County	State
2027 FLORENCE AVE	HAZLET	MONMOUTH	NJ

Location Type: Residential | Incident Date: 11/19/1999 | Time: 1100

Substance Released: OIL HEATING #2

Amount Released ( ): UNKNOWN

ID: Known | State: Liquid | CAS#: | Release Is: Terminated

Additional Substances:

Substance Contained?: Yes | Hazardous Material?: Y | TCPA?: N | A310 Letter?: Y

COMU Code: 1339 | Referral Code: 101 | Is Hazardous Waste Involved?: No

Incident Description: Underground Storage Tank

Injuries?	No	Public Evac?	No	Facility Evac?	No	Public Exposure?	No
Police On Scene?	No	Firemen On Scene?	No	DEP Requested?	No	Road Closure?	No

Wind Speed/Direction: | Contamination Of: Land | Receiving Water:

Status at Scene:

1/550 GAL UST REMOVED.SOIL CONT FOUND.CLEAN UP TO BE DONE

Responsible Party: Known

Party: CITIZEN | Phone: [redacted]

Contact: MICHAEL IANDOLI | Title: OWNER

Street Address	Municipality	County	State
2027 FLORENCE AVE	HAZLET 07730	MONMOUTH	NJ

OFFICIALS NOTIFIED

	Name	Affiliation	Phone	Date	Time
NJSP					
MUNIC	HAZLET TWP	DISP RYAN Office	732-264-6565	11/19/1999	1105
OTHER					

	Name	Affiliation	Method	Date	Time
1.		BFO-CAS DRPSR	Faxed, Mailed	11/19/1999	
2.					
3.					

COMMENTS