Jennifer 9/21/20

Evelyn Grandi

From:	Stephanie Orefice <opra+request-16809-544c8b1b@requests.opramachine.com>
Sent:	Friday, September 18, 2020 3:38 PM
To:	OPRA requests at Hazlet Township
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:
Permit history for 21 Marsand Dr 07730 Block :132 Lot:10

Yours faithfully,
Stephanie Orefice

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-16809-544c8b1b@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_1391

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.

RECEIVED
SEP 21 2020
MUNICIPAL CLERK

RECEIVED
SEP 22 2020
CONSTRUCTION DEPARTMENT

OPEN PERMITS

BK 132 LOT 10 QUALIFICATION CODE (ID#) 6892 ADDRESS (SITE) 21 MARSAND DR. PERMIT NO. 2015-0518

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

U 0115

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

IDENTIFICATION

Proposed Work Site at: 21 MARSAND DRIVE

Name of Owner in Fee: DAVID G. TILLOU

Tel. [redacted] e-mail [redacted]

Address 21 MARSAND DR. (street) HAZLET (municipality), NJ 07730 (zip code)

Ownership in Fee: Public _____ Private _____

Principal Contractor: FIVE STAR QUALITY COAST. Tel. (732) 513-6992

Address 57 SOUTH MAIN ST. #206 e-mail _____

NEPTUNE, NJ 07753

License No. OR, if new home, Builder Reg. No. 13VH07720100 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

Architect or Engineer O'BRIEN ARCHITECTS, INC Contact RAY O'BRIEN

Address PO BOX 361, 19 MAIN ST. BLAIRSTOWN 07825 e-mail _____

Tel. (908) 362-5010 FAX: ( ) _____

Responsible Person in Charge once Work has Begun DAVE TILLOU

Tel. (732) 762-1075 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 150		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	$ 150		
13. TOTAL			

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 1
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 X

PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☑ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

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	5,000				7-1-15	[illegible]			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	5000								

APPROVED

12x22 Deck

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 _____

I. PLAN REVIEW (optional)

DO YOU WANT:

☒ Partial Releases

☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
8. ☐ Smoke Control Systems In Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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. (X) 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 David P. Nolan Date 6-30-15

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.

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 7/2/15

Permit # P2015-0578

IDENTIFICATION Block 132 Lot 10 Qualification Code LIC # 6892

Work Site Location 21 MARSANO DR.

Owner in Fee DAVID TILLOU

Address 21 MARSANO DR

Tel. [redacted]

Contractor FIVE STAR QUALITY CONS.

Address 57 SOUTH MAIN ST
NEPTUNE, NJ 07753

Tel. (732) 513-6992

Lic. No. or Bldrs. Reg. No. 13VH07720000

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

NEW DECK REPLACING OLD 600# DECK
12'X22'

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 $ 5000

Construction Official

7-1-15
Date

PAYMENTS (Office Use Only)	
Building	150
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA State Permit Fee	10
Cert. of Occupancy	
Other	
Total	160
Check No.	9660
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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/30/15
Control # 6892
Date Issued 7/2/15
Permit # E2015-0518

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

Block 132 Lot 10 Qualification Code

Work Site Location 21 MARSHALL DR.

Owner In Fee: DAVID TILLOU

Tel. [redacted] e-mail

Address 21 MARSHALL DR. (street) HAZLET (municipality) 07730 (zip code)

Contractor: FIVE STAR QUALITY CONS. Tel. (732) 513-6992

Address 57 SOUTH MAIN ST e-mail

NEPTUNE, NJ 07753

Contractor License No. or Builder Registration No. 13VH07720100 Exp. Date

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

Federal Emp. ID No. FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: DAVID G. TILLOU

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW 264# DECK TO REPLACE OLD 600# DECK

12 X 22

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[X] Exterior	7-1	
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 7-2-15
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing			6-11	
Footing Bonding				
Foundation				
Slab			8-31	
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group. Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 5000

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

FEE (Office Use Only)
$ 158

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $ 158

OFFICE DATE RECEIVED: 6/30/15

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.				

CLOSED PERMITS

CONSTRUCTION PERMIT APPLICATION

IDENTIFICATION

Proposed Work at: 21 MARSAND Dr Hazlet

Owner Name: Mr Compell Tel. ( ) [redacted]

Address Same

Principal Contractor: NJB Tel. ( ) 739-3551

Address 707 Hwy # 36 Union Beach

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

Architect or Engineer: _____ Tel. ( ) _____

Address _____

Responsible Person in Charge of Work _____ Tel. ( ) _____

I. 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	$
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☐ Other	
6. ☐ Other	
TOTAL COST	$

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

II. 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–6)
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 _____

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.

LDS HZ 10504210

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 Jimmy Beaham DATE _____

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 VJB TEL.( ) [redacted]

ADDRESS 707 Hwy # 36

Union Beach

SIGNATURE Jimmy Beaham

BLOCK NO. 132 LOT NO. 10 SUBDIVISION _____ PERMIT NO. B4211

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

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

CONSTRUCTION PERMIT

PERMIT NO. B4218
DATE ISSUED 11-10-88
Block 132 Lot 10
Subdivision

A. IDENTIFICATION

Owner Mr Compell Agent VJB
Address 21 MARSAND Dr Address 707 Hwy #36
Hazlet Union Beach
Tel. ( ) [redacted] Tel. ( ) 739-3554
Work Site Address SAME Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 105-
Fees Remitted $ 105-
☒ Check No. 1054
☐ Cash
☐ Other
Collected By: AMB
Date: 11-10-88

is hereby granted permission
to perform the following work:

☐ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:
12 Replacment Windows
in existing opening
Vinyl Siding

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: $ 8,000

Eugene D. Balestriere
CONSTRUCTION OFFICIAL

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

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 1941*
DATE ISSUED 11-10-88
REVISION DATE
Block 132 Lot 10
Subdivision

A. IDENTIFICATION

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

Owner mr Compell
Address 21 marsand Dr. Hazlet
Tel. ( ) [redacted]
Work Site Address same

Contractor VJB
Address 707 Hwy #36 Union Beach
Tel. ( ) 739-3551
Lic. No.
Federal Emp. No.

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

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

12 - Replacement windows in existing openings

Vinyl Siding

☐ See Plans

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

	Fee Basis	Fee
		$
		80.00
SUBTOTAL		$ 25.00
Minimum Building Fee (If applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 105.00

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: $ 5,000

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 ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

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

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 21 MARSAND DR HAZLET
2. Owner Name: JOHN COMPELL Tel. ([redacted]
   Address SAME
3. Principal Contractor: TOTAL HOME IMP. CORP. Tel. (201) 5662828
   Address 331 MAPLE PL. KEYPORT N.J.
   Lic. No. or Builder Reg. No. 33355 Federal Emp. No.
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work (OWNER) Tel. ( )

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	$ 3400
2. ☐	Plumbing	
3. ☒	Electrical	300
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 3700

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 Walls

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: 1
After Construction: 1
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

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

LDS HZ 10504209

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 _____ DATE _____

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 Total Home Improvement TEL.(201) 5062848

ADDRESS 331 Maple Place

Kenilworth

SIGNATURE Barry Montcrief

BLOCK NO. 132 LOT NO. 10 SUBDIVISION Hidden Hills PERMIT NO. BE-

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	$ 40.00
PLUMBING	.
ELECTRICAL	20.00
FIRE PROTECTION	.
OTHER	.
SUBTOTAL	$ 60.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(.)
D.C.A. TRAINING FEE .0006 x =	.
CERTIFICATE OF OCCUPANCY	25.00
OTHER	.
OTHER	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 85.00

DATE 7/9/85 Collected By LA

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

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

CONSTRUCTION PERMIT

PERMIT NO. BE-422
DATE ISSUED Feb 8, 1985
Block 132 Lot 10
Subdivision Hillcrest Acres

A. IDENTIFICATION

Owner John Cargell
Address 71 Margaret Hazlet
Tel. [redacted]
Work Site Address Same.

Agent Total Home Imp.
Address 331 Maple Ave.
Tel. (201) 566 2818
Lic. No. 22223 SV
Federal Emp. No.

PAYMENTS

Permit Fee $ 85.00
Fees Remitted $ 85.00
☑ Check No. 1001A
☐ Cash
☐ Other
Collected By: L. Colburn
Date: 2/8/85

is hereby granted permission
to perform the following work:

☑ BUILDING ☑ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work: Convert garage to bedroom

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: $ 3700.00

Eugene R. Balestrieri
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (6/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 85-422
DATE ISSUED Jul. 5/1985
REVISION DATE

Block 132 Lot 10
Subdivision Hudson Hills

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner John Cornell
Address 21 Marsband Hazlet
Tel. ([redacted]
Work Site Address Same

Contractor Total Home Imp.
Address 334 Maple Ave Keyport
Tel. (201) 566 2328
Lic. No. 3327
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Convert garage into Bedroom

See Plans

TYPE OF WORK:

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

	Fee Basis	Fee
		$
Alteration/Renovation	340	40.00
SUBTOTAL		$ 40.00
Minimum Building Fee (if applicable)		$ 25.00
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 65.00

C. BUILDING CHARACTERISTICS

USE GROUP: R3a Present R3a 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: $ 3400.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. ______
DATE ISSUED ______
REVISION DATE ______
Block 132 Lot 10
Subdivision ______

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner ______
Address ______
Tel. ([redacted]
Work Site Address Same

Contractor ______
Address ______
Tel. (201) ______
Lic. No. ______
Federal Emp. No. ______

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

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

______
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

☐ See Plans

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

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

C. BUILDING CHARACTERISTICS

USE GROUP: ______ Present ______ Proposed

No. of Stories ______
Height of Structure ______ Ft.
Area—Largest Floor ______ Sq. Ft.
Estimated Cost of Building Work: $ ______

Total Building Area—All Floors ______ Sq. Ft.
Volume of Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

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
2/25/85	o.k. Framing but attic area to be vented E.D.B.
3/22/85	N.E. E.D.B
3/29/85	Gable end to have vent. E.D.B
4/8/85	o.k. Final E.D.B.

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 ☐ CCO ☐ CA

Date:

Inspected By:

INSPECTIONS

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. BE-422
DATE ISSUED Feb 8/1985
REVISION DATE
Block 132 Lot 10
Subdivision Middle Hills

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

Owner JOHN COMPELL
Address 21 MARSAND DR
HAZLET, N.J
Tel. [redacted]
Work Site Address SAME

When changing contractors, notify this office

Contractor ZAK Electric
Address Box 222
MATAWAN N.J 07747
Tel. (201) 583-4048
Lic.No./Bus. Permit. 3761
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.

Zachary Sabin
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
1	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
6	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	$ 20.00		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 20.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R3a Present R3a Proposed
Service: ____ Amps ____ Phase ____ System Type
____ Wire ____ Volts ____ Wiring Method
Total No. of Meters: ____
Estimated Cost of Electrical Work: $ 300 —

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

PERMIT NO. 13C 422
DATE ISSUED 7-6-1983
REVISION DATE
Block 132 Lot 10
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner JOHN COMPELL
Address 21 MARSANDOR
HAZLET N.J
Tel. (201) [redacted]
Work Site Address SAME

When changing contractors, notify this office

Contractor ZAK Electric
Address Box 222
MATAWAN N.J 07747
Tel. (201) 583-1014
Lic.No./Bus. Permit. 3764
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
2	Switching Outlets	$		H.V.A.C. Equipment	$
	Lighting Outlets			Switching Devices	
6	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	$ 21		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 21

C. ELECTRICAL CHARACTERISTICS

USE GROUP: R-3 Present 1 2 3 Proposed
Service: ___ Amps ___ Phase ___ System Type
___ Wire ___ Volts ___ Wiring Method
Total No. of Meters:
Estimated Cost of Electrical Work: $ 300

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/80) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

PLAN REVIEW AND INSPECTION — ELECTRICAL

DATE	JOB CONDITION/COMMENTS
2/25/85	o.k. Rough wiring E.D.B.
3/25/85	N.E. E.D.B
3/29/85	o.k. Final E.D.B.

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 3/29/85

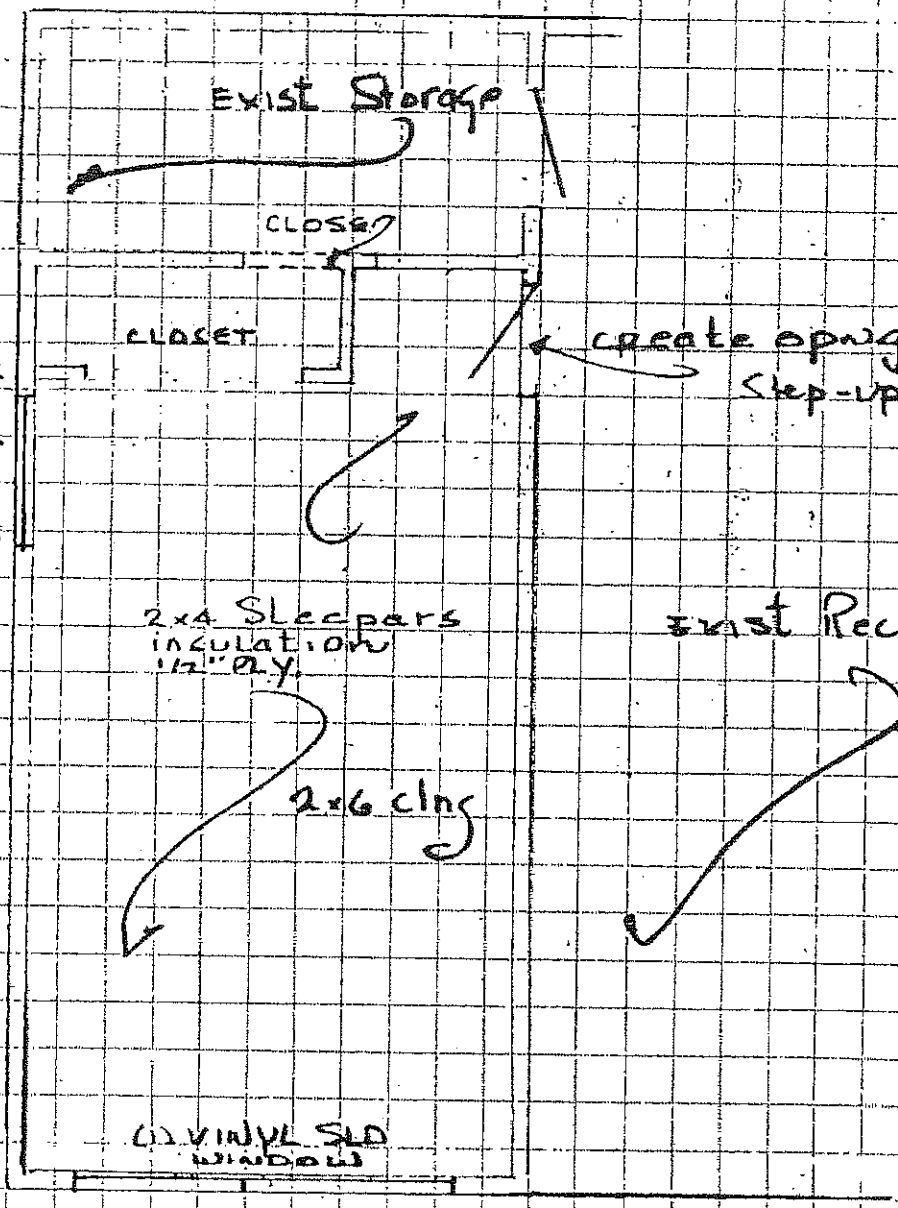
Inspected By: E.D.B.

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		



APPROVED
HAZLET TOWNSHIP
BUILDING INSPECTOR
DATE 2/8/85
E.D. Bolestra
BUILDING INSPECTOR