TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721 - 5600

CONSTRUCTION PERMIT APPLICATION

Model A

I. IDENTIFICATION

1. Proposed Work at: WHISPERING PINES OLD BRIDGE, N.J. 08857
2. Owner Name: CORSO-STEIN ENT. INC. Te[redacted]
   Address 29 WHISPERING PINES DRIVE OLD BRIDGE, N.J. 08857
3. Principal Contractor: CORSO-STEIN ENT. INC. Tel.[redacted]
   Address SAME AS ABOVE
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: E.S.P. Tel. 201) 462-7400
   Address BOX 258 HIGHWAY 9 HOWELL, N.J. 07731
5. Responsible Person in Charge of Work GARY E. LAURINO Tel. 201) 679-1999

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	$ 35000
2. ☑	Plumbing	2500
3. ☑	Electrical	1300
4. ☑	Fire Protection	15
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$ 38,815

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 2
15. Height of Structure 24 Ft.
16. Area–Largest Floor 1625 Sq. Ft.
17. Bldg. Area–All Fls. 2462 Sq. Ft.
18. Volume of Structure 24620 Cu. Ft.
19. Total Land Area Disturbed 5006 Sq. Ft.

Model

LDS OB 10305624

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 CORSO-STEIN ENT. INC. TEL [redacted]

ADDRESS 29 WHISPERING PINES DRIVE

OLD BRIDGE, N.J. 08857

SIGNATURE _____

BLOCK NO. Whispering Pines 9002 LOT NO. 122 SUBDIVISION Section III PERMIT NO. 465

newhome

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	6	79	12	79	8	82	8	82									
☐ Zoning Board																	
☒ Sewer Authority			6	82													
☒ Water Authority			5	82													
☐ Fire Department																	
☐ Police Department							7										
☐ Health Department																	
☐ Soil Conservation							7	82									
☒ N.J. Dept. of Community Affairs															5	82	
☐ N.J. Dept. of Transportation																	
☒ N.J. Dept. of Environmental Protection															9	82	
☐ 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			
☐ Fire Protection					

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			
11/18	BUILDING		AC	ok final
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
11/5	PLUMBING		AMC	ok final
11/5	ELECTRICAL		PA	final - ok
11/7	FIRE PROTECTION		OM	ok final
	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	11/18/84
No. 465	
☐ 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	$ 112.34
PLUMBING	120.00
ELECTRICAL	63.50
FIRE PROTECTION	•
OTHER _____	•
SUBTOTAL	$ •
– LESS: 20% of subtotal (when plan review performed by state agency).	(•)
D.C.A. TRAINING FEE .0006 x _____	= 14.78
CERTIFICATE OF OCCUPANCY	•
OTHER _____	35.60
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ •
DATE 11/18/84 Collected By AMC	406.22

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	$ •

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721-5600

CERTIFICATE

CERT. NO. 465
DATE ISSUED Dec. 12, 1984
Block 9002 Lot 122
Subdivision

IDENTIFICATION

Owner Corso Stein Ent.Inc
Address 197 Wispering Pines
Old Bridge, N.J.
Tel [redacted]

Agent Corso Stein Ent.
Address 29 Wispering Pines
Tel. ( )

Work Site Address Same as above
Lic. No.
Federal Emp. No.

PAYMENTS

PREPAID
Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By:
Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK: new home (patio)

E. SPECIAL CONDITIONS:

Additional grading and landscaping required.

USE GROUP R-3 FIRE GRADING 1

MAXIMUM LIVE LOAD 40 lbs. psf MAXIMUM OCCUPANCY LOAD

SPECIFIC USE

FINAL COST OF CONSTRUCTION: $ 100,000.

CONSTRUCTION OFFICIAL

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

TOWNSHIP OF OLD BRIDGE

Middlesex County, N.J.

ONE OLD BRIDGE PLAZA • OLD BRIDGE, N.J. 08857 • (201) 721-5600

APPLICATION FOR CERTIFICATE OF USE and / or OCCUPANCY

APPLICATION REQUIRED BY THE STATE OF NEW JERSEY
UNIFORM CONSTRUCTION CODE – CHAPTER 23, SECTION 5:23 – 2.7

INFORMATION ON PROPERTY, BUILDING OR STRUCTURE FOR CERTIFICATION:

Address 191 WHISPERING PINES OLD BRIDGE, N.J. 08857

Block 9002 Lot 122 Zone RESIDENTIAL

USE – PRESENT _____

New _____

STRUCTURE

- [X] New
- [ ] Existing (no structural changes)
- [ ] Existing (enlarged, extended or altered)

PRESENT OWNER:

Name CORSO STEIN ENT. INC. Phone [redacted]

Address 29 WHISPERING PINES OLD BRIDGE, N.J. 08857

City OLD BRIDGE, State N.J. Zip 08857

NEW OWNER:

Name Mr + Mrs Back Phone ( )

Address 202 Yorkshire Ct.

City Old Bridge State NJ Zip 08857

(For Residential Occupancy, Number of Adults 3 Children 3)

NEW TENANT: (if other than owner)

Name _____ Phone ( )

Address _____

City _____ State _____ Zip _____

ATTORNEY ~~OR AGENT~~:

Name JONATHAN HEILBRUNN, ESQ. Phone (201) 679-8000

Address 201 ROUTE 516

City OLD BRIDGE, State N.J. Zip 08857

Estimated Closing or Occupancy Date: _____

Special Instructions: _____

_____

_____

_____

Date Applicant's Signature

ADDITIONAL INFORMATION REQUIRED FOR ALL STRUCTURES WHERE CONSTRUCTION PERMITS HAVE BEEN ISSUED:

1. I hereby state as the responsible person in charge of work, that to the best of my knowledge all work has been completed in accordance with the permit, the approved plans and the regulations for the New Jersey Uniform Construction Code.

   Signature _____

2. I hereby state that the final cost of construction work, including the basic structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment is

   $ 100,000

3. A set of "AS BUILT" or amended drawings shall be submitted with this application if the building or structure deviates from the approved plans filed with the construction permit application.

   _____
   Signature of Applicant

   _____
   Title of Applicant

   12/5/84
   Date of Application

Do not write below this line

The following Subcode Officials shall sign below to indicate that all construction within their respective subcode meets the requirements of the New Jersey Uniform Construction Code.

Building		Date 12-18-84
Electrical		Date 12-5-84
Fire	Frank Rosenello	Date 12-7-84
Plumbing	Burke & Mc	Date 12-5-84

ADDITIONAL APPROVALS:

Engineering		Date 12-14-84
Health		Date
Housing		Date

ADDITIONAL GRADING & LANDSCAPING REQUIRED

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721 - 5600

APPLICATION FOR CERTIFICATE

PERMIT NO. 465
DATE ISSUED 5/3/80
Block 9002 Lot 122
Subdivision III
Notice No.

IDENTIFICATION

OWNER:
Name CORSO-STEIN ENT. INC.
Address 29 Whispering Pines Drive
Town/State/Zip Old Bridge, N.J. 08857

CONSTRUCTION LOCATION:
Address 197 WHISPERING PINES
Old Bridge, N.J. 08857
Tel [redacted]

ACTION

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

USE GROUP: _____ Previous _____ Current

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

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

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

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

SIGNED: _____
☐ Owner
☐ Agent
OWNER/AGENT

U.C.C. Form F-270 (8/83)

M-H

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721 - 5600

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

PERMIT NO. 465
DATE ISSUED 5/3/84
Block 9002 Lot 122
Subdivision III

A. IDENTIFICATION

Owner CORSO-STEIN ENT. INC.
Address 29 WHISPERING PINES DR.
OLD BRIDGE, N.J. 08857
Tel. ([redacted]

Agent CORSO-STEIN ENT. INC.
Address SAME
Tel. ( ) SAME

Work Site Address WHISPERING PINES
OLD BRIDGE, N.J. 08857
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 406.22
Fees Remitted $
☐ Check No.
☐ Cash
☐ Other
Collected By: [illegible]
Date: 5/3/84

is hereby granted permission to perform the following work:

☒ BUILDING ☒ ELECTRICAL
☒ PLUMBING ☒ FIRE PROTECTION
☐ OTHER

Description of work:
Residential

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: $ 38,815

CONSTRUCTION OFFICIAL

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

M-A

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721 - 5600

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE

PERMIT NO. 4163
DATE ISSUED 3/18/15
REVISION DATE /
Block 9002 Lot 122
Subdivision WHISPERING PINES

A. IDENTIFICATION

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

Owner CORSO -STEIN ENT. INC.
Address 29 WHISPERING PINES DRIVE
OLD BRIDGE, N.J. 08857
Tel. ([redacted]
Work Site Address WHISPERING PINES
OLD BRIDGE, N.J. 08857

Contractor CORSO-STEIN ENT. INC.
Address SAME
Tel. ( ) SAME
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 C.O.
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator SEE
  - ☐ Other

	Fee Basis	Fee
	[redacted]	$ 1123.1
	[redacted]	
	[redacted]	30160
	[redacted]	
	[redacted]	154.18
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 2 — Total Building Area–All Floors 3162 Sq. Ft.
Height of Structure 24 Ft. — Volume of Structure 19696 Cu. Ft.
Area–Largest Floor 1625 Sq. Ft. — Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: $ _____

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: 11/12/84

Inspected By:

INSPECTIONS

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

M-A

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721 - 5600

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 465
DATE ISSUED 2/3/84
REVISION DATE
Block 9002 Lot 122
Subdivision 11

A. IDENTIFICATION

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

Owner CORSO-STEIN ENT. INC.
Address 29 WHISPERING PINES DRIVE
OLD BRIDGE, N.J. 08857
Tel. [redacted]
Work Site Address WHISPERING PINES
OLD BRIDGE, N.J. 08857

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

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM Smoke

TYPE: ☐ Manual ☒ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ 1500 $ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ 0
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP K-3 Present _____ Proposed
Heating Systems – Location: _____
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

See Note on PRINTS

☐ Partial Releases ☒ Prototype Processing

U.C.C. Form F-140 (8/83) Green = Office Copy White = Applicant Copy Pink = Inspection Copy

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 12-7-84

Inspected By: Frank Moscarello

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other _____				
☐ Other _____				
☐ Other _____				
☐ Other _____				

M-A

TOWNSHIP OF OLD BRIDGE
MIDDLESEX COUNTY, N.J.
1 Old Bridge Plaza
Old Bridge, N.J. 08857
(201) 721 - 5600

ELECTRICAL SUBCODE TECHNICAL SECTION

PERMIT NO. 463
DATE ISSUED 5/3/84
REVISION DATE / /
Block 9002 Lot 122.
Subdivision III

A. IDENTIFICATION

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

Owner CORBB-STEIN ENT. INC.
Address 29 WHISPERING PINES DR.
OLD BRIDGE, N.J. 08857
Tel. [redacted]
Work Site Address WHISPERING PINES
OLD BRIDGE, N.J. 08857

Contractor H.L. ELECTRIC CO.
Address W 3rd St Bx 236-B
HOWELL NJ 07731
Tel. (201) 364-3797
Lic.No./Bus. Permit. 2290 2290
Federal Emp. No. 100-36-3773

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.
Alexander Norcross
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data
TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
21	Switching Outlets	$ 21.50		H.V.A.C. Equipment	$
18	Lighting Outlets			Switching Devices	
32	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric		2	S.D.	
21	Switches		2	FANS	7.00
18	Lighting Fixtures		1	Other AIR COND.	10.66
32	Receptacles		1	Other GAS FURN	3.50
	Bonding, Pool/Vault		1	Other DISHWASH	3.50
106	Service/Feeders	15.00		Other	
	COLUMN 1 $	39.50		COLUMN 2 $	24.66

Fee	
COLUMN 1	$ 39.50
COLUMN 2	24.66
SUBTOTAL	$ 63.50
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 63.50

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Service: 106 Amps 1 Phase AC System Type
3 Wire 240 Volts _____ Wiring Method
Total No. of Meters: 1
Estimated Cost of Electrical Work: $ 1100.00

D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

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

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS
10-9-84	aux in
12/5/84	checked for CCC - protection on bathtub whirlpool - (OK)

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☑ CO ☐ CCO ☑ CA

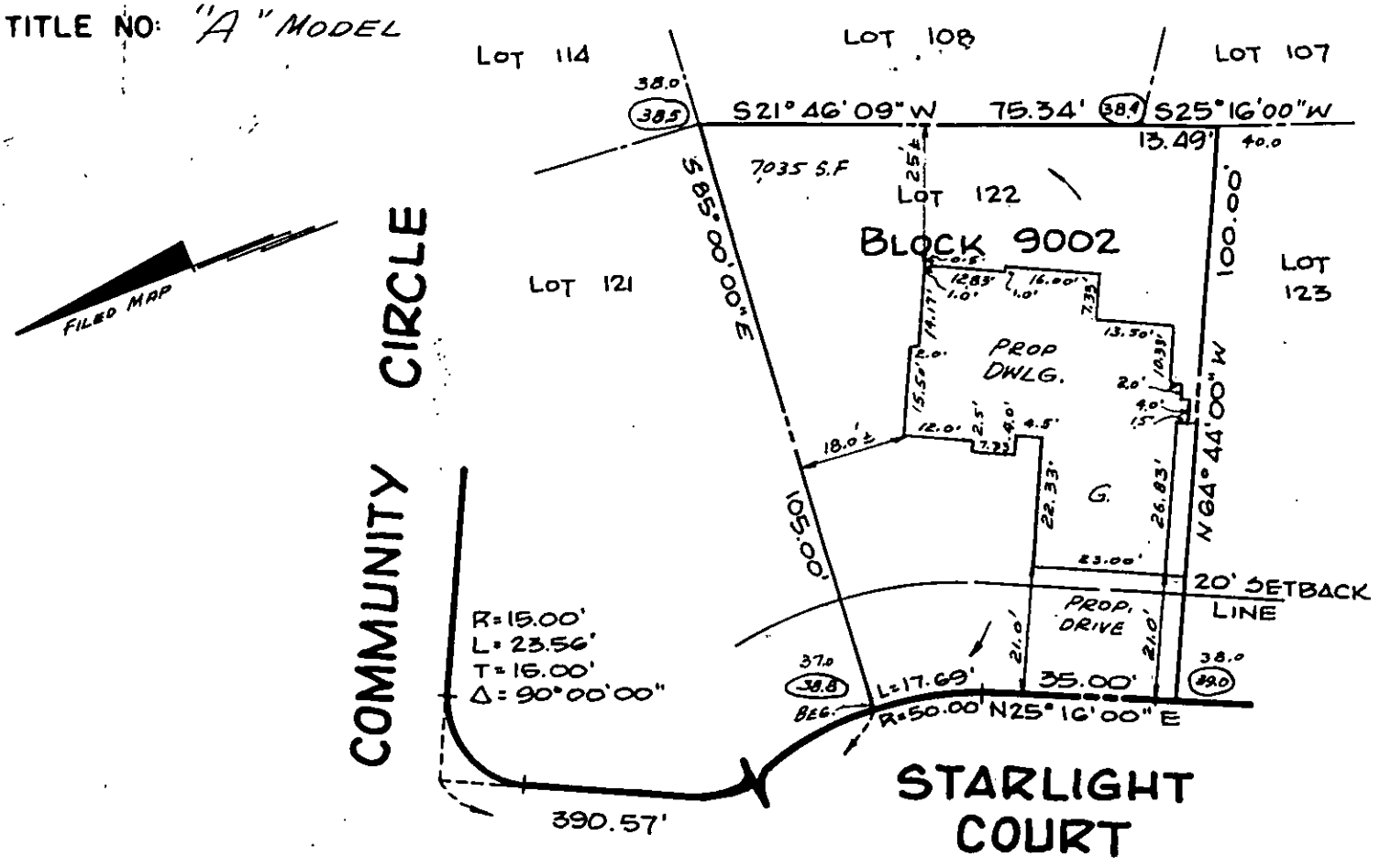
Date: 12/5/84

Inspected By: [signature]

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☑ Rough				8/3/84
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

TITLE NO: "A" MODEL



(39.0) - PROP GRADE
30.0 = EX. GRADE
G.F. = 39.5
F.F. = G.F. + 8"

PLOT PLAN

SKETCH OF PROPERTY SURVEYED FOR:
WHISPERING PINES SEC. 3
SITUATED IN:
OLD BRIDGE TOWNSHIP, MIDDLESEX CNTY. N.J.

ENGINEERING SURVEYING PLANNING ASSOCIATES
PROFESSIONAL ENGINEERS, LAND SURVEYORS AND PLANNERS
BOX 258, U.S. HWY. 9, HOWELL, NEW JERSEY 07731
201-462-7400

JOHN ALLGAIR
P.E. & L.S. N.J. LIC. NO. 12012

SCALE	DATE	DRN	T.M.	FILE NO.
1" = 30'	3-28-84	CKD	MAP NO.	84M3619

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING
BUREAU OF CONSTRUCTION CODE ENFORCEMENT
NEW HOME WARRANTY PROGRAM
CN 805
Trenton, New Jersey 08625

465
12/17/84

CERTIFICATE OF PARTICIPATION

in New Home Warranty Security Fund

PURCHASER

1

CARL J. BACK and MYRNA P. BACK, h/w
NAME
202 Yorkshire Court
STREET AND NO.
Old Bridge, NJ 08857
CITY STATE ZIP

BUILDER

2

CORSO STEIN ENTERPRISES, INC.
NAME
2 Whispering Pines Drive
STREET AND NO.
Lincroft, NJ 07738
CITY STATE ZIP

PHONE NUMBER: (redacted)

SELLING PRICE* $95,500.00

Amount of Premium $382.00
(.4 x 1% x Selling Price)

N.J. BLDR. REGISTRATION # 05798

Registered Builder's Signature

*Any change in the selling price & premium must be reported to the Bureau along with supplemental payment if applicable.

JONATHAN M. HEILBRUNN, Atty for Bldr

NEW DWELLING UNIT LOCATION

3

197 Whispering Pines
STREET NAME AND NUMBER
Old Bridge, NJ 08857
CITY ZIP
9002 122
BLOCK NUMBER LOT NUMBER
Old Bridge Twp. Middlesex
MUNICIPALITY COUNTY

COMMENCEMENT DATE OF WARRANTY

4

	month	day	year
COMMENCEMENT DATE	12	1	84

(The date of closing or first occupancy, whichever occurs first.)

NOTE: Any change in the commencement date must be reported to the Bureau.

MORTGAGEE INFORMATION

5

AMBOY MADISON NATIONAL BANK
NAME OF MORTGAGEE
P.O. Box 825
STREET AND NUMBER
Parlin, NJ 08859
CITY STATE ZIP

CHECK TYPE OF HOME:

SINGLE FAMILY ☐ **TWO-FAMILY** ☐ **CONDOMINIUM** ☐ **TOWNHOUSE** ☒

PURCHASER: If you disagree with any of the above information please notify this office in writing as soon as possible.

This certifies that the above described dwelling unit carries a New Home Warranty issued pursuant to the New Home Warranty and Builders' Registration Act, Chapter 46:3B–1 et seq. Said warranty is valid for varying periods of 1, 2, and 10 years subject to the terms and conditions of the Act and Regulations.

NOTE: See reverse side in case of sale of property.

Charles M. Decker

Charles M. Decker, Chief
Bureau of Construction
Code Enforcement

VALIDATION STAMP
CERTIFICATE NUMBER
30149 DEC 18 84

PLEASE REMOVE ALL CARBON PAPER BEFORE RETURNING

MUNICIPAL COPY