

Angela Martino

From: Maria Hesselbarth
Sent: Monday, November 08, 2021 9:14 AM
To: Angela Martino
Subject: RE: Emailing: 21-1355

No septic records found for this property, thanks Maria

-----Original Message-----

From: Angela Martino <amartino@twp.howell.nj.us>
Sent: Friday, November 5, 2021 3:20 PM
To: Todd Morgano <tmorgano@twp.howell.nj.us>; Janine Martuscelli <jmartuscelli@twp.howell.nj.us>; Claire Petruzzella <cPetruzzella@twp.howell.nj.us>; Justin Meyer <jmeyer@twp.howell.nj.us>; Matthew Howard <mhoward@twp.howell.nj.us>; Justin Yost <jyost@twp.howell.nj.us>; Brian Geoghegan <bgeoghegan@twp.howell.nj.us>; Maria Hesselbarth <mhesselbarth@twp.howell.nj.us>
Cc: Dwayne Harris <dharris@twp.howell.nj.us>
Subject: Emailing: 21-1355

Good Afternoon-

Attached please find OPRA 21-1355 for your review. Please forward your findings to me no later than November 17, 2021.

Thank you,
Angela Martino
Howell Township
Clerk's Office

Your message is ready to be sent with the following file or link attachments:

21-1355

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

NOTICE OF CONFIDENTIALITY

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NOTICE OF CONFIDENTIALITY

Angela Martino

From: Janine Martuscelli
Sent: Monday, November 08, 2021 3:08 PM
To: Angela Martino
Cc: Justin Meyer
Subject: RE: Emailing: 21-1355
Attachments: BLK 138.09 - L 11 CA REPLACEMENT FURNACE-2018-02-28.pdf; 04-1655.pdf

Angela

Attached are all closed permits for construction land use and engineering. There are no violations, or records for oil tanks on property. *No Open Permits.*

Janine

-----Original Message-----

From: Angela Martino
Sent: Friday, November 05, 2021 3:20 PM
To: Todd Morgano; Janine Martuscelli; Claire Petruzzella; Justin Meyer; Matthew Howard; Justin Yost; Brian Geoghegan; Maria Hesselbarth
Cc: Dwayne Harris
Subject: Emailing: 21-1355

Good Afternoon-

Attached please find OPRA 21-1355 for your review. Please forward your findings to me no later than November 17, 2021.

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

Date Issued 1/23/2018
Control Number C-41240
Permit Number 20180024
Permit Issue Date 1/5/2018
Certificate Number 20180024

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 3 TYLER COURT Howell Township, NJ 07731 Block: 138.09 Lot: 11 Qual:
Owner in Fee: HASANI, MOHAMMED HAKIM & SHIDEH
Owner Address: 3 TYLER COURT HOWELL NJ 07731
Telephone: [REDACTED]
Contractor NJR HOME SERVICES
Address 1415 WYCKOFF ROAD WALL NJ 07719
Telephone: (732) 919-8090 Fax: (732) 938-3010
License Number or Builders Registration Number: 36BI00969200 Federal Emp. Number: [REDACTED]
19HC00366400
13VH00361500
34EB01231200
34EI01231200

Home Warranty Number:
Type of Warranty Plan: ☐ State ☐ Private
Use Group: R-5 Construction Classification: 5B
Maximum Live Load: 40 Maximum Occupancy Load: 0
Description of Work/Use: REPLACEMENT FURNACE

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

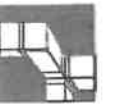
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

Construction Official

Fee: \$0.00
Check Number:
Collected By:



MECHANICAL INSPECTOR TECHNICAL SECTION



138.01-11

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

Block 138.09 Lot 11 Qualification Code

Work Site Location 3 TYLER CT, Howell Township, NJ 07731

Owner in Fee HASANI, MOHAMMED

Tel. () e-mail

Address 3 TYLER CT

Contractor NJR HOME SERVICES

Address 1415 WYCKOFF RD., WALL TOWNSHIP, NJ 07719

Contractor License No. or Builder Registration No.

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00361500

Federal Emp. ID No.

FAX () () 938-3010

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5(circle one) Proposed: R-3, R-4 or R-5(circle one)

Heating System Work: [] New OR [] Modification to Existing OR [] Conversion OR [X] Replacement

Type: [] Hydronic [X] Hot Air

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

Estimated Cost of Mechanical Work \$ 2285.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[] Mechanical Plans Approved

Date: Approved By:

[] Fire Protection Plans Approved

Date: Approved By:

Joint Plan Review Required:

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

[] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 12-21-17

Approved By: Allen Houtz

SUBCODE APPROVAL FOR CERTIFICATE

15 CA [] SGO

Date: 1-19-18

Approved By: Allen Houtz

INSPECTIONS

Type: Failure Failure Approval Initial

Gas Piping

Appliance

Chimney/Vent

Oil Piping

Oil Tank

LPG Tank

Hydronic Piping

Fireplace

Chimney Cert.

Other

1-19-18

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: Frank Casey

Print name here: Frank Casey

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DIRECT REPLACEMENT OF GAS FURNACE

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Heater

Fuel Oil Piping Connections

Gas Piping Connections

Steam Boiler

Hot Water Boiler

Hot Air Furnace

Oil Tank

LPG Tank

Fireplace

Other GAS FURNACE

1

1

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

65

4

69

Date Received 1-5-18
Control # 41240
Date Issued 2018-0024



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block **138.09** Lot **11** Qualification Code

Work Site Location **3 TYLER CT, Howell Township, NJ 07731**

Owner in Fee **HASANI, MOHAMMED**

Tel. () e-mail

Address **3 TYLER CT** 07731

Contractor **NJR HOME SERVICES** Street Municipality Tel. () Zip Code
e-mail **NJRHSpermits@NJResources.com** 938-1105

Address **1415 WYCKOFF RD.** e-mail

WALL TOWNSHIP, NJ 07719

Contractor License No. or Builder Registration No. **34EB01231200** Exp. Date **03/18**

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): **13VH00361500**

Federal Emp. ID No. FAX () 732) 938-3010

B. ELECTRICAL CHARACTERISTICS

Use Group: Present: **X** Proposed:

☐ Pole/Pad # ☐ Temporary ☐ Other

Utility Co.

Building Occupied as

Estimated Cost of Elec. Work **\$ 2285.00**

INSPECTIONS

Dates (Month/Day)

Type: Failure Failure Approval Initial

☒ No Plans Required

☒ Partial - Underslab Utilities Approved

Date: Approved By: Barrier-Free

☐ Electric Plans Approved Trench

Date: Approved By: Temp. Serv.

Joint Plan Review Required: Constr. Serv.

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev. TCO

Other

SUBCODE APPROVAL FOR PERMIT Service

Date: Final

Approved By: Barrier-Free

SUBCODE APPROVAL FOR CERTIFICATE Temp. Cut-in-Card Date Issued

☐ CO Final Cut-in-Card Date Issued

Date: Annual Pool Inspection -

Approved By: Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 11/08)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

Daniel J. Neary

☒ Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr' ☐ Exempt Application

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: **DIRECT REPLACEMENT OF GAS FURNACE**

QTY. SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fractal, 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 1/4-HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

GAS FURNACE

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

To Reorder Call:
Allegra Marketing, Print & Mail
(609)-390-1400

Date Received **1-5-18**

Control # **41240**

Date Issued

Permit #

2018-0024

FEE (Office Use Only)

65

41

69



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 138.09 LOT 11 QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS 3 Tyler Ct
Owner in Fee Mohammed HANANI
Verifying Individual Frank Casey Company NIR Home Services
Address 1415 Wyckoff Rd Wall NJ 07719
Tel: (919) 817-2122 Fax: (732) 938-3468

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 ☐ Chimney-Interior
☐ "L" Label Vent ☐ Chimney-Exterior
☒ Flexible Liner ☐ Masonry Chimney-Tile Lined
☒ Power Vent/Exhauster ☐ Masonry Chimney-Unlined
☐ Other _____

Type 14/4 Fuel Type gas BTU Rating (input/hour) 600K
Appliance 1: _____ Oil / Gas / Other: _____
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 Frank Casey Date 12/8/17

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.



NEW JERSEY
TURNPIKE
AUTHORITY

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

PERMIT NO. 20041655

PERMIT NO. 20041655

1. Proposed Work Site at: 3 Lakeview [REDACTED]
2. Name of Owner in Fee: MKOGT Plans, [REDACTED]
Address: 1071 Lakeview Lane, Old Bank, AZ 85008

3. Ownership in Fee: ☒ Public ☐ Private

4. Principal Contractor: Jena Contracting Tel: 762-290-605

Address 121 White Oak Lane
License No. OR, if new home, Builder Reg. No. 35244
Exp. Date 1/1/04

Federal Employee No. 557004
 Architect or Engineer Challoner & Monro
 Tel. 732-818-8282 FAX: 732-894-9221

6. Responsible Person in Charge of Work mainy tomal kumar

Tel. (33) 6161877 FAX (33) 2940840

Cotton II New

Est. Cost

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

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates Approval Rejection	Re- viewer
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- [illegible]

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

1. ☐ Elevators/Escalators/Lifts/
Dumbbairs/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

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

1. State Specific Use:

3. Change in Use Group. Indicate Former:

(office use only)

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

Update Update

U.C.C. F-100-1 (rev. 3/86)

LDS HW-B 10511611

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

Address

Telephone: ()

Signature

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. 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 _____ Other _____

Electrical _____

Plumbing _____

Fire Protection _____

Mechanical _____

Energy _____

Barrier Free _____

Flood Hazard _____

As Built Elevation Cert. _____

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. _____	_____	_____	_____



251 PREVENTORIUM ROAD

HOWELL NJ 07731

732-938-4500

CERTIFICATE

Date Issued: 01/20/2005

Control #: 28848

Permit # 20041655

IDENTIFICATION

Block: 138.09 Lot: 11 Qual: _____

Home Warranty No: _____

Work Site: 3 TYLER COURT

Type of Warranty Plan: _____

HOWELL

Use Group: _____

Owner in Fee: M.R.C. AT FORT PLAINS ROAD, LLC

Maximum Live Load: _____

Address: 127 WHITE OAK LANE

Construction Classification: _____

OLD BRIDGE NJ 08857

Maximum Occupancy Load: _____

Telephone: _____

Agent/Contractor: JEM CONTRACTING

Certificate Exp Date: _____

Address: 127 WHITE OAK LANE

Description of Work/Use: _____

OLD BRIDGE NJ -

Telephone: 732 294-0125

SINGLE FAMILY DWELLING, CORTONA II MODEL, 4 BEDROOMS, 2.5 BATHS, 2 CAR GARAGE, FIREPLACE, 2646 S.F., 47055 C.F., AND PERMIT UPDATES # 28997 FOR ALARMS, #28937 FOR SPRINKLER AND # 29243 FOR SUNROOM

Lic. No./Bids. Reg.No.: 30744

Federal Emp. No.: _____

Social Security No.: _____

[X] CERTIFICATE OF OCCUPANCY

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

[] CERTIFICATE OF APPROVAL

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

[] 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.

[] 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 _____

Chief Phillips Construction Official

U.C.C 360 (rev. 3/96)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

Fees \$40.00

Paid [X] Check No 106808

Collected by JM

Unit 53
Cortona



APPLICATION FOR CERTIFICATE

1-19-04 p.2

DATE:

REQUIREMENT FOR ISSUANCE OF CERTIFICATES OF
OCCUPANCY.

Permit #
20041655

TO BE SUBMITTED AT TIME OF SCHEDULING OF FINAL INSPECTIONS.

IDENTIFICATION

Permit date
6/10/04

Block 13809 Lot 11
Work Site Location 3 Tyler Ct
Owner in Fee MRC @ Fort Plains NJ
Address 127 White Oak Lane
Old Bridge NJ 08857
Tele. (732) 294-0128

Contractor Jim Contracting
Address 127 White Oak Lane
Old Bridge NJ
Tele. (732) 294-0128
Lic. No. 30744
Federal Emp. No. 27330919
or Social Security No.

ACTION

- ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL
☐ CERTIFICATE OF CONTINUED OCCUPANCY ☐ TEMPORARY CERTIFICATE OF OCCUPANCY
USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: \$ 132,000
(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.

DESCRIPTION OF WORK/USE: Single Family Res.
4 Bedroom & 2 car garage
on crawl 2.5 Bath 1 FP

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: Henry [Signature] OWNER/AGENT
☐ Owner
☒ Agent

Lot 53

Township of Howell
Preventorium Road
P.O. Box 580
Howell, NJ 07731



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

6-10-04
28848
20041655

IDENTIFICATION Block 131 09 Lot 11
Work Site Location 27.1101

Owner in Fee 1211191511-41001
Address 12716th St Oak Ridge
11111111111111111111

Tel. 732-2941011

Contractor 10m Contracting
Address 12716th St Oak Ridge
Tel. 1232-2941011
Lic. No. or Bldg. Reg. No. 201011
Fed. Emp. No. 20249111

Is hereby granted permission to perform the following work:

- ☒ BUILDING
- ☒ PLUMBING
- ☒ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ LEAD HAZARD ABATEMENT
- ☐ DEMOLITION
- ☐ OTHER

DESCRIPTION OF WORK:

Smk for car garage 48 du 2 Btl

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 \$ 132000

Construction Official [Signature] Date 6-10-04

U.C.C. #170
(rev. 3/86)

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

(See reverse side)

PAYMENTS (Office Use Only)	
Building	1122
Electrical	179
Plumbing	432
Fire Protection	243
Elevator Devices	
Other	10
DCA Training Fee	125
Cert. of Occupancy	40
Other	
Total	2171
Check No.	106808
Cash	
Collected by	[Signature]

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:

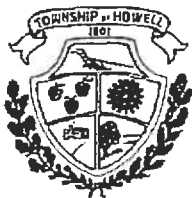
1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections 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.



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

Permit Number: 20041655
Permit Date: 06/10/2004
Update Number:
Control Number: 28848
Application Date: 06/07/2004

CONSTRUCTION PERMIT IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 138.09	Lot : 11	Qual :	Contractor:	JEM CONTRACTING
Work site Location:	3 TYLER COURT HOWELL		Address:	127 WHITE OAK LANE
Owner In Fee:	M.R.C. AT FORT PLAINS ROAD, LLC			OLD BRIDGE NJ -
Address:	127 WHITE OAK LANE		Telephone:	(732) - 294-0125
	OLD BRIDGE NJ 08857		Lic. No. / Bldrs. Reg. No.:	30744
Telephone:	[REDACTED]		Federal Emp. No.:	[REDACTED]
Use Group(s):	R-5			

is hereby granted permission to perform the following work :

- | | | |
|--|---|-------------------------------------|
| ☒ BUILDING | ☒ PLUMBING | ☐ DEMOLITION |
| ☒ ELECTRICAL | ☒ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

SINGLE FAMILY DWELLING, CORTONA II MODEL, 4 BEDROOMS, 2.5 BATHS, 2 CAR GARAGE, FIREPLACE
SF 2646 CF 47055
ESTIMATED COST OF WORK:

Cost of Construction:	152,750.00
Cost of Alteration:	0.00
Cost of Demolition:	0.00

Total Cost: \$152,750.00

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

Chet Phillips

Construction Official

Date

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

PAYMENTS (Office Use Only)

Building	\$1,122.00
Electrical	\$199.00
Plumbing	\$432.00
Fire Protection	\$243.00
Elevator Devices	
Mechanical	
VolFee (DCA)	\$125.00
AltFee (DCA)	
Other Fees	\$10.00
CO Fee	\$40.00
CCO Fee	
Minimum Fee	
Total	\$2,171.00
All Fees Waived :	No

Amount to be Paid: \$2,171.00
Check Number: 106808
Check amount: \$2,171.00

Collected by: JM
Receipt No:
Total Cash Amount
Total Check Amount \$2,171.00
Total CC Amount
Grand Total \$2,171.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!

Contract

7-22-04

PERMIT UPDATE

Date Update Issued	2/9/24
Control #	
Permit #	200416553
Date Permit Issued	

6/7/04

Lot 11

Contractor HELLER DILLARD

Tel. (22) 9911925

Fed. Emp. No. 22511

Is hereby granted permission to perform the following work:

- | | | |
|--|---|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER _____ |
- (Subchapter B only)

DESCRIPTION OF WORK:

DATE OF WORK: 12x18 San Rooy
96594: 775.0

Estimated Cost of Work \$ _____

7-22-04

U.C.C. F180
(rev. 3/88)

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

PAYMENTS (Office Use Only)

Building 19

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA Training Fee 2

Cert. of Occupancy _____

Other _____

Total 21

Check No. 107373

Cash _____

Collected by SPM

Pilbara II



PERMIT UPDATE

Date Update Issued 28937
Control #
Permit # 20041655
Date Permit Issued

IDENTIFICATION Block 138.09 Lot 11
Work Site Location STU101
Owner In Fee NH 71
Address 18762501 MILICIA RD
CITRUSVILLE VT 05651
Tel. [REDACTED]
Contractor FPM Contract
Address 18762501 MILICIA RD
CITRUSVILLE VT 05651
Tel. (252)-2498025
Lic. No. or Bldg. Reg. No. 30704
Fed. Emp. No. [REDACTED]

☐ BUILDING	☒ PLUMBING	☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL	☒ FIRE PROTECTION	☐ DEMOLITION
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER _____

(Subchapter B only)

DESCRIPTION OF WORK:

DESCRIPTION OF WORK:

the got in by (Backflow)

Estimated Cost of Work \$ _____

Construction Official CP/81

Date 7-8-04

U.C.C. F190
(rev. 3/88)

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____ 46
Plumbing	_____ 46
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	_____
Cert. of Occupancy	_____
Other	_____
Total	_____ 92
Check No.	_____ 107277
Cash	_____
Collected by	_____ 2

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731



PERMIT UPDATE

Date Update Issued 2/28/94
Control # 20041655
Permit # 20041655
Date Permit Issued 2/28/94

IDENTIFICATION Block 138 09 Lot 11

Work Site Location 3 Tiller Ct

Owner in Fee 1160 (9) #771191915

Address 137 Tiller Ct

Tel. 201-261-1191

Contractor Temp Contract

Address 137 Tiller Ct

Tel. 201-261-1191

Lic. No. of Bldrs. Reg. No. 30000

Fed. Emp. No. 30000

I am hereby granted permission to perform the following work:

- ☐ BUILDING
- ☒ ELECTRICAL
- ☐ ELEVATOR DEVICES
- ☐ PLUMBING
- ☐ FIRE PROTECTION
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ LEAD HAZARD ABATEMENT
- ☐ DEMOLITION
- ☐ OTHER

DESCRIPTION OF WORK:

clean

Estimated Cost of Work \$ 4136

Construction Official

Date

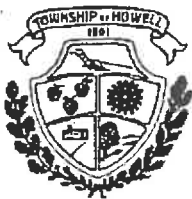
CPK 10-23-04

U.C.C. F.190
(rev. 3/86)

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

PAYMENTS (Office Use Only)

Building	
Electrical	<u>46</u>
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occupancy	
Other	
Total	<u>46</u>
Check No.	
Cash	
Collected by	<u>gm</u>



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

Permit Number: 20041655
Permit Date: 07/22/2004
Update Number: 3
Control Number: 29243
Application Date: 06/25/2004

CONSTRUCTION PERMIT UPDATE IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 138.09	Lot : 11	Qual :	Contractor:	JEM CONTRACTING
Work site Location:	3 TYLER COURT HOWELL		Address:	127 WHITE OAK LANE
Owner In Fee:	M.R.C. AT FORT PLAINS ROAD, LLC			OLD BRIDGE NJ -
Address:	127 WHITE OAK LANE		Telephone:	(732) - 294-0125
	OLD BRIDGE NJ 08857		Lic. No. / Bldrs. Reg. No.:	
Telephone:	[REDACTED]		Federal Emp. No.:	[REDACTED]
Use Group(s):	R-5			

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| ☒ BUILDING | ☐ PLUMBING | ☐ DEMOLITION |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

12 X 12 SUNROOM
96 SQ FT - 775.0 CU FT

ESTIMATED COST OF WORK:

Cost of Construction:	2,000.00
Cost of Alteration:	0.00
Cost of Demolition:	0.00

Total Cost: \$2,000.00

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

Chet Phillips

Date

Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

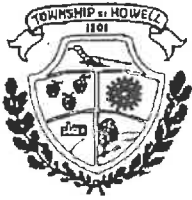
PAYMENTS (Office Use Only)

Building	\$19.00
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	\$2.00
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$21.00
All Fees Waived :	No

Amount to be Paid: \$21.00
Check Number: 107373
Check amount: \$21.00

Collected by: JM
Receipt No:
Total Cash Amount
Total Check Amount \$21.00
Total CC Amount
Grand Total \$21.00

Note: FIELD COPY MUST BE ON SITE AT ALL TIMES WHEN INSPECTORS COME TO INSPECT!!!!



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

Permit Number: 20041655
Permit Date: 07/08/2004
Update Number: 1
Control Number: 28937
Application Date: 06/10/2004

CONSTRUCTION PERMIT UPDATE IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 138.09	Lot : 11	Qual :	Contractor:	JEM CONTRACTING
Work site Location:	3 TYLER COURT HOWELL		Address:	127 WHITE OAK LANE
Owner In Fee:	M.R.C. AT FORT PLAINS ROAD, LLC			OLD BRIDGE NJ -
Address:	127 WHITE OAK LANE		Telephone:	(732) - 294-0125
	OLD BRIDGE NJ 08857		Lic. No. / Bldrs. Reg. No.:	
Telephone:			Federal Emp. No.:	
Use Group(s):	R-5			

is hereby granted permission to perform the following work :

- | | | |
|--|--|-------------------------------------|
| ☐ BUILDING | ☒ PLUMBING | ☐ DEMOLITION |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ OTHER |
| ☐ ELEVATOR DEVICES | ☐ MECHANICAL | |
| ☐ ASBESTOS ABATEMENT | ☐ LEAD HAZARD ABATEMENT | |

(Subchapter 8 only)

DESCRIPTION OF WORK:

BACKFLOW PREVENTER

ESTIMATED COST OF WORK:

Cost of Construction: 0.00
Cost of Alteration: 0.00
Cost of Demolition: 0.00

Total Cost: \$0.00

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

Chet Phillips
Construction Official

Date

Failure to obtain all required inspections may result in administrative action.
Final inspections are required before final payment is to be made to contractor.
An approved set of plans must be kept at the worksite at all times

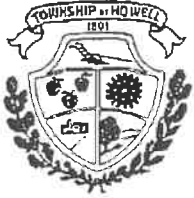
Note:

PAYMENTS (Office Use Only)

Building	
Electrical	\$46.00
Plumbing	\$46.00
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$92.00
All Fees Waived :	No

Amount to be Paid: \$92.00
Check Number: 107277
Check amount: \$92.00

Collected by: LG
Receipt No:
Total Cash Amount
Total Check Amount \$92.00
Total CC Amount
Grand Total \$92.00



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

Permit Number: 20041655
Permit Date: 06/23/2004
Update Number: 2
Control Number: 28997
Application Date: 06/14/2004

CONSTRUCTION PERMIT UPDATE IDENTIFICATION

OWNER/PROPERTY DETAILS

Block : 138.09	Lot : 11	Qual :	Contractor:	JEM CONTRACTING
Work site Location:	3 TYLER COURT HOWELL		Address:	127 WHITE OAK LANE
Owner In Fee:	M.R.C. AT FORT PLAINS ROAD, LLC			OLD BRIDGE NJ -
Address:	127 WHITE OAK LANE		Telephone:	(732) - 294-0125
	OLD BRIDGE NJ 08857		Lic. No. / Bldrs. Reg. No.:	
Telephone:	[REDACTED]		Federal Emp. No.:	[REDACTED]
Use Group(s):	R-5			

is hereby granted permission to perform the following work :

☐ BUILDING	☐ PLUMBING	☐ DEMOLITION
☒ ELECTRICAL	☐ FIRE PROTECTION	☐ OTHER
☐ ELEVATOR DEVICES	☐ MECHANICAL	
☐ ASBESTOS ABATEMENT	☐ LEAD HAZARD ABATEMENT	

(Subchapter 8 only)

DESCRIPTION OF WORK:

COMMUNICATION POINTS, ALARM DEVICES

ESTIMATED COST OF WORK:

Cost of Construction:	4,130.00
Cost of Alteration:	0.00
Cost of Demolition:	0.00

Total Cost:	\$4,130.00
-------------	------------

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

Chet Phillips

Date

Construction Official

:: Failure to obtain all required inspections may result in administrative action.
:: Final inspections are required before final payment is to be made to contractor.
:: An approved set of plans must be kept at the worksite at all times

Note:

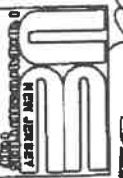
PAYMENTS (Office Use Only)

Building	
Electrical	\$46.00
Plumbing	
Fire Protection	
Elevator Devices	
Mechanical	
VolFee (DCA)	
AltFee (DCA)	
Other Fees	
CO Fee	
CCO Fee	
Minimum Fee	
Total	\$46.00
All Fees Waived :	No

Amount to be Paid:	\$46.00
Check Number:	107168
Check amount:	\$46.00

Collected by:	lg
Receipt No:	
Total Cash Amount	
Total Check Amount	\$46.00
Total CC Amount	
Grand Total	\$46.00

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

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

Block 138.09 Lot 11
Work Site Location 3 T.Y.E. CT.

Owner in Fee/Occupant MRC @ Ft. Pleasant Rd.
Address 137 Oak Ln.
Old Bridge N.J. 08857

Contractor Guardians Protection
Address 300 D'Almeida Dr.
Leite, Pa 19113

Tele. (610) 531-3745 Fax (610) 521-6186

Lic. No. _____ Federal Emp. No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 4130

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ Date Initial _____ INSPECTIONS _____

☒ No Plans Required _____ Type: _____ Failure _____ Failure _____ Approval _____ Initial _____

Joint Plan Review Required: _____ Rough _____ Temp. Serv. _____ Const. Serv. _____ TCO _____ Other _____

☐ Building ☐ Plumbing ☐ Fire ☐ Elevator ☐ Elec. Plans Approved _____ Date: 6/15/09 _____

Approved by: [Signature] _____ Final _____ Temp. Cut-In-Card Date Issued _____

SUBCODE APPROVAL ☐ CO ☐ CCO ☐ CA _____ Final Cut-In-Card Date Issued _____

Date: _____ Approved by: _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature _____

☐ Licensed Electrical Contractor ☒ Exempt Applicant



Date Received _____
Date Issued _____
Control # _____
Permit # 20041655

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors—Fract. HP _____
Emergency & Exit Lights _____
Communications Points _____
Alarm Devices/F.A.C. Panel _____

TOTAL NUMBERS

Pool Permit/with UW Lights _____
Storable Pool/Spa/Hot Tub _____
KW Elec. Range/Receptacle _____
KW Oven/Surface Unit _____
KW Elec. Water Heater _____
KW Elec. Dryer/Receptacle _____
KW Dishwasher _____
HP Garbage Disposal _____
KW Central A/C Unit _____
HP/KW Space Heater/Air Handler _____
KW Baseboard Heat _____
HP Motors 1/+ HP _____
KW Transformer/Generator _____
AMP Service _____
AMP Subpanels _____
AMP Motor Control Center _____
KW Elec. Sign/Outline Light _____

FEE (Office Use Only) _____

\$ 46-

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA Training Fee \$ _____

TOTAL FEE \$ 46-



BUILDING SUBCODE TECHNICAL SECTION



Leut 63

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

Block 2889 Lot 11 Qualification Code 314814

Owner in Fee NRG Fertilizers Ltd

Address 192 White Oak Lane

Tel. 201-291-0857

Contractor License No. or Builder Registration No. 20140

Federal Emp. No. 22340116

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

Cottonville
2 car garage
1 ft
2 1/2 Ball
4 Bldm

Date Received 6-10-01
Control # 28848
Date Issued 20041655
Permit #

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Failure	Failure
☐ All			Footings	Approval
☐ Foundation			Foundation	Initial
☐ Frame			Slab	Initial
☐ Other			Truss Sys./Bracing	Initial
Joint Plan Review Required:			Barrier-Free	Initial
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation	Initial
SUBCODE APPROVAL			Finishes -Base Layer	Initial
<u>18</u> CO <u>11</u> CPO <u>1</u> CA			Energy-SHEATH	Initial
Date: <u>1/20/05</u>			Mechanical	Initial
Approved by: <u>GO</u>			TCO	Initial
			Barrier-Free	Initial

TYPE OF WORK:	FEE (Office Use Only)
☐ New Building	
☐ Addition	
☐ Rehabilitation	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. W/ty
Constr. Class	<u>38</u>		<u>\$130,000</u>
No. of Stories	<u>3</u>		<u>\$130,000</u>
Height of Structure	<u>13'6"</u>		<u>\$130,000</u>
Area — Largest Floor	<u>1363</u>		
New Bldg. Area/All Floors	<u>1363</u>		
Volume of New Structure	<u>411655.89</u>		
Total Land Area Disturbed	<u>411655.89</u>		

Administrative Surcharge \$ 1122

Minimum Fee \$ 1122

State Permit Surcharge Fee \$ 1122

TOTAL FEE \$ 1122

6-24-04 Need update
cc for sus room opti

* 8/6/04 OK to Continue
Need Letter on Bury Bump w/it

8/27/04 © NO windows

9-3-04 NAIL ALL TOPS 6" OC

9/15/04 Same concrete pto

11/9/04 Cancelled reason of inspection / has already left office

OK 1-14-05 PLASTIC PLUMB. BOX CUT INTO (36 S.I.)
RM WALL BETWEEN HOUSE & GARAGE





BUILDING SUBCODE TECHNICAL SECTION



Plot 25

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

Block 13809 Lot 11 Qualification Code 37441 CE

Work Site Location 12345 Main Rd

Owner in Fee 12345 Main Rd

Address 12345 Main Rd

Tel. 1234567890

Contractor 1234567890

Federal Emp. No. 1234567890

Contractor License No. or Builder Registration No. 1234567890

FAX 1234567890

JOB SUMMARY (Office Use Only)				
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure
☐ All			Footings	Approval
☐ All			Footings Bonding	Initial
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Truss Sys./Bracing	
Joint Plan Review Required:				
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator	
SUBCODE APPROVAL				
☐ CO	☐ CCO	☐ CA	Insulation	
Date:			Finishes - Base Layer	
Approved by:			Finishes - Final	
			Energy	
			Mechanical	
			TCO	
			Other	
			Final	
			Barrier-Free	

B. BUILDING CHARACTERISTICS

Use Group Present 58 Proposed 58

Constr. Class Present 58 Proposed 58

No. of Stories 30 Ft. 1383.70

Height of Structure 1383.70 Sq. Ft. 24446

Area - Largest Floor 1383.70 Sq. Ft. 24446

New Bldg. Area/All Floors 1383.70 Cu. Ft. 47165504

Volume of New Structure 47165504 Sq. Ft. 47165504

Total Land Area Disturbed 47165504 Sq. Ft. 47165504

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 1234567890

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1st Ball

2nd Ball

3rd Ball

4th Ball

TYPE OF WORK:		FEE (Office Use Only)	
☐ New Building			
☐ Addition			
☐ Rehabilitation			
☐ Roofing			
☐ Siding			
☐ Fence			
☐ Sign			
☐ Pool			
☐ Asbestos Abatement Subchapter 8			
☐ Lead Haz. Abatement NJAC 5:17			
☐ Other			
☐ Demolition			

Est. Cost of Bldg. Work:

1. New Bldg. \$ 130,000

2. Rehabilitation \$ 130,000

3. Total (1+2) \$ 260,000

U.C.C. F110 (rev. 07/03)

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Administrative Surcharge \$ 1122

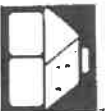
Minimum Fee \$ 1122

State Permit Surcharge Fee \$ 1122

TOTAL FEE \$ 1122



BUILDING SUBCODE TECHNICAL SECTION



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

Block 13404 Lot 3-748, 114 Qualification Code 1

Owner in Fee: N/A (9701-Plains Rd)

Contractor Address: 13404 9701-Plains Rd

Tel. (732) 391-1000 Fax (732) 391-1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Required			Footing		
☒ All	<u>7/14</u>	<u>GA</u>	Footing Bonding		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Truss Sys./Bracing		
Joint Plan Review Required:			Barrier-Free		
☒ Elec.	☐ Plumb.	☐ Fire	Insulation		
SUBCODE APPROVAL			Finishes - Base Layer		
☐ CO	☐ CCO	☐ CA	Finishes - Final		
Date:			Energy		
			Mechanical		
			TCO		
			Other		
			Final		
Approved by:			Barrier-Free		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Const. Class	<u>53</u>	<u>P-5</u>	1. New Bldg. \$
No. of Stories	<u>30</u>		2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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

San Room

12x12

96 sq ft

111

3771000

CE

TYPE OF WORK:

☒ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	<u>19-</u>

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Date Received 7-22-04

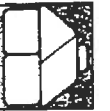
Control # 29243

Date Issued 20041655-3

Permit #



BUILDING SUBCODE TECHNICAL SECTION



Notes 53

Date Received 7-22-04
Control # 29243
Date Issued
Permit # 20041655-3

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

Block 3301 37418144
Work Site Location 37418144
Qualification Code

Owner in Fee N/A
Address 12345 Main St
Tel. (201) 555-1234

Contractor Address 12345 Main St
Tel. (201) 555-1234

Contractor License No. 37418144
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS:	Failure	Dates (Month/Day)	Initial
☐ No Plans Required	7/18/05	GB	Footings		8/2/04	GB
☒ All			Foundation			
☐ Footing			Frame			
☐ Foundation			Truss Sys./Bracing			
☐ Frame			Barrier-Free			
☐ Other			Insulation			
Joint Plan Review Required:			Finishes -Base Layer			
☒ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Finishes -Final			
SUBCODE APPROVAL			Energy			
☐ CO ☐ CCO ☒ CA			Mechanical			
Date: 1/26/05			TCO			
Approved by: GB			Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	33	R-5	1. New Bldg. \$
No. of Stories	30		2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

San Room
12x12
96 Sq Ft
775.0 CF

TYPE OF WORK:

- ☒ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

Administrative Surcharge \$	19-
Minimum Fee \$	
State Permit Surcharge Fee \$	2-
TOTAL FEE \$	

U.C.C. F110
(rev. 07/03)

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Township of Howell
Reventorium Road - P.O. Box 580
Howell, New Jersey 07731



ELECTRICAL
SUBCODE
TECHNICAL SECTION

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

Block 138 Lot 37
Work Site Location 37 over rd

Owner In Fee/Occupant WPC (A) 1011 Horas Rd
Address 187-145 Horas Rd
Telephone 201-944-2503

Contractor MAC ELECTRICAL CONTRACTORS, INC.
Address 1889 ROUTE 9, UNIT 63
TOMS RIVER, NEW JERSEY 08755

Tele. (732) 914-0611 Fax ()
Lic. No. 13177A
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSECTIONS	Dates (Month/Day)
☐ No Plans Required			Type:	Failure
Joint Plan Review Required:			Revised	Approval
☐ Building ☐ Plumbing			Temp. Serv.	11/5/04
☐ Fire ☐ Elevator			Const. Serv.	
☐ Elec. Plans Approved			TCO	
Date: <u> </u>			Other	
Approved by: <u> </u>			Service	
			Final	
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued	
☒ CO ☐ CC ☐ CA			Final Cut-In-Card Date Issued	
Date: <u>1-11-05</u>				
Approved by: <u> </u>				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Electrical Contractor ☐ Exempt Applicant



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

SIZE ITEMS
288 Lighting Fixtures
334 Receptacles
334 Switches
2 Detectors
2 Light Poles
2 Motors—Fract. HP
2 Emergency & Exit Lights
2 Communications Points
2 Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

1 Pool Permit/with UVW Lights
1 Storage Pool/Spa/Hot Tub
1 2000W Elec. Range/Receptacle
1 2000W Oven/Surface Unit
1 944 KW Elec. Water Heater
1 944 KW Elec. Dryer/Receptacle
1 200 KW Dishwasher
1 HP Garbage Disposal
1 KW Central A/C Unit
1 HP/KW Space Heater/Air Handler
1 KW Baseboard Heat
1 1500 HP Motors 1/4 HP
1 KW Transformer/Generator
1 AMP Service
1 AMP Subpanels
1 AMP Motor Control Center
1 KW Elec. Signaling Light
1 1500W Motor

FEE (Office Use Only)

Administrative Surcharge	\$	
Minimum Fee	\$	
DCA Training Fee	\$	
TOTAL FEE	\$	199

U.C.C. F120
(rev. 3/06)

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Front door sensor & keypad wires
hanging in wall
mount LV boxes
protected wires less than 1/4" from edge

11/5/04 RD

cable lines in hole w/ electric int wall
OK to insulate

1/3/05 TO

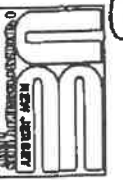
- ① outlet by A/C units
- ② outlet in garage for
sprinkler, not single #
- ③ & rear bed re-switched outlet

1-7-05

#1



Post 1 out 53
Township of Howell
Preventorium Road - Box 580
Howell, New Jersey 07731



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

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

Block 138 Lot 3 Tyler Ct
Owner In Fee/Occupant MAC Electrical Contractors, Inc.
Address 1889 ROUTE 9, UNIT 63
Tele. 914-0611 FAX 914-0611
Federal Emp. No. 13177A
B. ELECTRICAL CHARACTERISTICS
Use Group Present Proposed Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 130

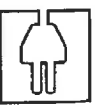
JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Required			Type:				
☐ Joint Plan Review Required:			Rough				
☐ Building ☐ Plumbing			Temp. Serv.				
☐ Fire ☐ Elevator			Const. Serv.				
☐ Elec. Plans Approved			TCO				
Date: _____			Other				
Approved by: _____			Service				
			Final				
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued _____				
☐ CO ☐ CCO			Final Cut-In-Card Date Issued _____				
Date: _____							
Approved by: _____							

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the agent of owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Electrical Contractor ☐ Exempt Applicant



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

QTY SIZE ITEMS
28 Lighting Fixtures
34 Receptacles
34 Switches
2 Detectors
2 Light Poles
2 Motors—Fact. 2800 Watts
Emergency & Exit Lights
Communications Points
Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

1 Pool Permit/with UVW Lights
1 Storage Pool/Spa/Hot Tub
1 60 kW Elec. Range/Receptacle
1 2000W Oven/Surface Unit
1 900 kW Elec. Water Heater
1 900 kW Elec. Dryer/Receptacle
1 Dishwasher
1 HP Garbage Disposal
1 KW Central A/C Unit 4000
1 HP/KW Space Heater/Air Handler
1 KW Baseboard Heat
1 HP Motors 1/4 HP 2000W
1 KW Transformer/Generator
1 AMP Service
1 AMP Subpanels
1 AMP Motor Control Center
1 KW Elec. Sign/Outline Light
1 2800 Watts
1 2800 Watts

Administrative Surcharge \$
Minimum Fee \$
DCA Training Fee \$
TOTAL FEE \$ 199

FEE (Office Use Only).

6-10-04
28848
200411655

Township of Howell
Preventorium Road - P.O. Box 580
Howell, New Jersey 07731



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 138 09 31401019

Owner in Fee/Occupant MAC Electric Contractors, Inc.

Address 1889 ROUTE 9, UNIT 63
TOMS RIVER, NEW JERSEY 08755

Tele. (732) 914-0611 Fax ()

Lic. No. 13177A

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required

Joint Plan Review Required: Type: INSPECTIONS Failure Failure Approval Initial

☐ Building ☐ Plumbing Rough

☐ Fire ☐ Elevator Temp. Serv.

☐ Elec. Plans Approved Constr. Serv.

Date: 6/16/05 TCO

Approved by: [Signature] Other

Service

Final

Temp. Cut-In-Card Date Issued 1-11-05

Final Cut-In-Card Date issued

SUBCODE APPROVAL

☐ CO ☐ CC ☒ CA

Date: 1-11-05

Approved by: [Signature]

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor ☐ Exempt Applicant



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV 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 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Backflow

FEE (Office Use Only)

\$

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

46

U.C.C. F120
(rev. 3/05)

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Township of Howell
Inventory Road - P.O. Box 580
Howell, New Jersey 07731



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

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

Block 138.09 Lot 11

Work Site Location 3 Tyler Ct.

Owner in Fee/Occupant MPC @ Ft. Plain, Pa.

Address 127 White Oak Ln.

Old Bridge, N.J. 08857

Tele. [REDACTED]

Contractor Guardia Protection

Address 204 Diplommat Dr.

Leicester, Pa. 19443

Tele. (610) 521-3748 Fax (610) 521-6186

Lic. No. [REDACTED]

Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS

Use Group Present [REDACTED] Proposed [REDACTED]

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

Building Occupied as [REDACTED] Utility Co. [REDACTED]

Est. Cost of Elec. Work \$ 4,130

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required

Joint Plan Review Required: ☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Elec. Plans Approved

Date: 6/15/04

Approved by: [Signature]

INSPECTIONS

Type: Rough Temp. Serv. Constr. Serv. TCO Other Service Final

Dates (Month/Day) Failure Failure Approval Initial

Temp. Cut-in-Card Date Issued 1-11-05

Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Electrical Contractor ☒ Exempt Applicant



Date Received 6-23-04
Date Issued 6-23-04
Control # 28999
Permit # 28041655

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permits/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 1/2 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

FEE (Office Use Only)

\$ 46

Administrative Surcharge

Minimum Fee

DCA Training Fee

TOTAL FEE

\$ 46

U.C.C. F-20
(rev. 3/00)

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9107D Unit 53
Township of Howell
Preventorium Road - P.O. Box 580.
Howell, New Jersey 07731



**FIRE
SUBCODE
TECHNICAL SECTION**

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

Block 138 Lot 1
Work Site Location 3141019

Owner: 1166 A Joint Plans Rd
Address: 1166 A Joint Plans Rd
Howell, NJ 07731

Tele: [REDACTED]
Contractor: SEIN CONTRACTING
Address: 14318 1st Ave
Howell, NJ 07731

Tele: (201) 241-1015 Fax: (201) 241-1028
Lic. No. 23370
Federal Emp. No. [REDACTED]

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
[] No Plans Required		Type:	Dates (Month/Day)
Joint Plan Review Required:			
[] Building	[] Plumbing	Alarm System	1/20/05
[] Electric	[] Elevator	Fire Alarm Sys.	1/20/05
[] Fire Plans Approved		Fire Alarm Sys.	1/20/05
Date:		Fire Alarm Sys.	1/20/05
Approved by:		Fire Alarm Sys.	1/20/05
SUBCODE APPROVAL		Fire Alarm Sys.	1/20/05
[] CO	[] CO	Fire Alarm Sys.	1/20/05
[] CA	[] CA	Fire Alarm Sys.	1/20/05
Date:		Fire Alarm Sys.	1/20/05
Approved by:		Fire Alarm Sys.	1/20/05

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



Date Received 6-10-04
Date Issued 28848
Control # 20041655
Permit # _____

DESCRIPTION OF WORK:

Water Supply Source Public
Method of Alarm/Suppression System Supervision Telephone

Storage Tanks

Type: [] Flammable Liquid [] Combustible Liquid
[] LPG [] LNG Capacity _____ Fuel _____

Alarm Systems 110v Interconnected NUMBER 7

Alarm Devices (i.e., smoke, heat, pulls, water/flow) 7

Supervisory Devices (i.e., tamper, low/high air) _____
Signaling Devices (i.e., horns/strobes, bells) _____
Other Devices _____

Suppression Systems

Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Pre-engineered Systems

Wet Chemical _____
Dry Chemical _____
CO₂ Suppression _____
Foam Suppression _____
Halon Suppression _____
Other _____

Kitchen Hood Exhaust System _____
Smoke Control System _____
Gas [] or [] Fired Appliances _____
Other _____

Administrative Surcharge _____
Minimum Fee _____
DCA Training Fee _____
TOTAL FEE 243



**FIRE
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA

6-10-04
28848
20041655

DESCRIPTION OF WORK:

Water Supply Source Public
Method of Alarm/Suppression System Supervision Telephone

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

Block 138 Lot 1
Work Site Location 31900 1st

Owner in Fee 1110 9th St
Address 1110 9th St

Contractor SPRINKLER
Address 1110 9th St

Tele: (23) 2441018 Fax: (23) 2441024

Lic. No. 3574

Federal Emp. No. 3574

B. FIRE PROTECTION CHARACTERISTICS

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
	PLAN REVIEW	Type:	Dates (Month/Day)
☐ No Plans Required		Alarm System	Failure Failure Approval Initial
☐ Joint Plan Review Required:		Suppression Sys.	
☐ Building ☐ Plumbing		Standpipe	
☐ Electric ☐ Elevator		Fire Pump	
☐ Fire Plans Approved		Pre-Eng. System	
Date: <u>_____</u>		Mechanical	
Approved by: <u>_____</u>		Smoke Control	
SUBCODE APPROVAL		TCO	
☐ CO ☐ CCO ☐ CA		Final	
Date: <u>_____</u>		Other	
Approved by: <u>_____</u>			

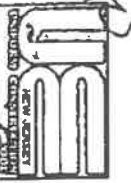
C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

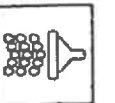
FEE (Office Use Only)

Storage Tanks	Alarm Systems	Alarm Devices	Supervisory Devices	Signaling Devices	Other Devices	Suppression Systems	Pre-engineered Systems	Wet Chemical	Dry Chemical	CO ₂ Suppression	Foam Suppression	Halon Suppression	Other	Kitchen Hood Exhaust System	Smoke Control System	Gas	Other	Administrative Surcharge	Minimum Fee	DCA Training Fee	TOTAL FEE				
Type: ☐ Flammable Liquid ☐ Combustible Liquid	☐ LPG ☐ LNG Capacity _____ Fuel _____	☐ System	☐ 110V Interconnected	☐ System	☐ System	Fire Pump _____ GPM Type _____	Dry Pipe/Alarm Valves _____	Pre-action Valves _____	Sprinkler Heads (Dry and Wet) _____	Standpipes _____	Pre-engineered Systems _____	Wet Chemical _____	Dry Chemical _____	CO ₂ Suppression _____	Foam Suppression _____	Halon Suppression _____	Other _____	Kitchen Hood Exhaust System _____	Smoke Control System _____	Gas ☐ or ☐ Fired Appliances _____	Other _____	Administrative Surcharge \$ _____	Minimum Fee \$ _____	DCA Training Fee \$ _____	TOTAL FEE \$ <u>243</u>



PLUMBING SUBCODE TECHNICAL SECTION

Permit 52



Date Received
Control #
Date Issued
Permit #

6-10-04
228848
20041655

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

Block 138 09 Qualification Code 314614

Work Site Location 10800A Delwood Road

Owner in Fee 10800A Delwood Road

Address 10800A Delwood Road

Tel 010231044100

Contractor Metco Corp Plumbing

Address 25 Arnold Blvd

Unit C Howell NJ 07731

Fax (732) 367-8533

Contractor License No. 8930

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present

Building Sewer Size 3 1/2

Water Service Size 1

Est. Cost of Plumbing Work \$ 1630

Public Sewer Proposed

Private Septic R3

Public Water 1

Private Well

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 shown on this application.

Approved by: Alan Shee

Date: 11/10/03

Approved by: Alan Shee

Date: 11/10/03

Approved by: Alan Shee

Date: 11/10/03

Approved by: Alan Shee

Date: 11/10/03

Approved by: Alan Shee

Date: 11/10/03

Approved by: Alan Shee

Date: 11/10/03

Approved by: Alan Shee

Date: 11/10/03

Approved by: Alan Shee

Date: 11/10/03

Approved by: Alan Shee

Date: 11/10/03

Approved by: Alan Shee

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

NO. 3

Water Closet 1

Urinal/Bidet 1

Bath Tub 1

Lavatory 1

Shower 1

Floor Drain 1

Sink 1

Dishwasher 1

Drinking Fountain 1

Washing Machine 1

Hose Bibb 1

Water Heater 1

Fuel Oil Piping 1

Gas Piping 1

LP Gas Tank 1

Oil Tank 1

Steam Boiler 1

Hot Water Boiler 1

Sewer Pump 1

Interceptor/Separator 1

Backflow Preventer 1

Greasetrap 1

Sewer Connection 1

Water Service Connection 1

Stacks 1

Other A/C

Administrative Surcharge \$ 432

Minimum Fee \$ 432

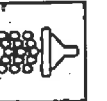
State Permit Surcharge Fee \$ 432

TOTAL FEE \$ 432



PLUMBING SUBCODE TECHNICAL SECTION

Unit 53



Date Received 7-8-04
Control # 28937
Date Issued 28041655
Permit #

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

Block 13809 Lot 11 Qualification Code

Work Site Location Toscana Development

Owner in Fee 31441561104

Address 1974 W. 1st St. 1048
2920 Bldg. 104855

Tel [REDACTED]

Contractor Metro Corp Plumbing Inc

Address 25 Arnold Blvd
Unit 2 Howell NJ 07731

Tel (732) 367-8553 FAX (732) 367-9343

Contractor License No [REDACTED]

Federal Emp. No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date 6/30/04

Approved by [Signature] At

SUBCODE APPROVAL

☒ CO ☐ CCO ☐ CA

Date: 11/15/05

Approved by: [Signature]

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

Licensed Plumbing Contractor ☐ Exempt Applicant

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

NO. NO.

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

LP Gas Piping

Oil Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

46.00

15/30

1/11/05

1/11/05

1/11/05

1/11/05

1/11/05

1/11/05

1/11/05

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1/11/05

U.C.C. F130
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy



PLUMBING SUBCODE TECHNICAL SECTION

Unit 53



Date Received
Control #
Date Issued
Permit #
28937
20041655

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

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

Block 13604 Lot 11 Qualification Code

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Work Site Location
Toscano Development

Owner in Fee
3746154-1440

Address
197 White Oak Lane
242 Biddle NJ 08857

Contractor
Metro Core Plumbing Inc

Address
25 Arnold Blvd
Unit 2 Howell NJ 07731

Tel (732) 367-8555 FAX (732) 367-9343

Contractor License No. 8930

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

171 No Plans Required

INSPECTIONS

Failure Failure Approval Initial

Joint Plan Review Required:

[] Building [] Electric

[] Fire [] Elevator

[] Plumbing Plans Approved

Date: 6/19/04

Approved by: [Signature] At

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved by:

TCQ

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 on the application.

Applicant's Signature/Contractor's Seal and Signature
[Signature] Licensed Plumbing Contractor [] Exempt Applicant

Administrative Surcharge \$
Minimum Fee \$ 46.
State Permit Surcharge Fee \$
TOTAL FEE \$ 46.00

MUNICIPALITY Howell  CUT-IN-CARD
LOCATION 3 Tyler Ct UTILITY CC JCP+L
BLK 138.09 LOT 11
OWNER _____ OCCUPANT _____

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

☒ FINAL ☐ TEMPORARY This approval void after _____ days

DESCRIPTION OF SERVICE 200amp service DR# 100201419

INSTALLED BY MAC Electric LICENSE NO 13177

DATE 10/27/04 PERMIT # 04-1655 INSPECTOR T. Dittmar

☐ CALLED IN 1/1 Lic. No: 8755

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



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

Trevor Dittmar
Electrical Inspector

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

(732) 938-4500 Ext. 2408
Fax (732) 938-6492

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
TS53-B.P.	BLOCK 138.09	LOT 11 Building Pe	2171.00	.00	2171.00
CHECK DATE	6-09-04	CHECK NUMBER	106808	TOTALS	2171.00

HOWELL TOWNSHIP

JEM CONTRACTING, LLC

106808

BUREAU OF INSPECTIONS
Township of Howell

Correction Notice

Permit # 04-1653 Location 138.09/11

I have, on this day, inspected this structure and these premises and have found the following violations of the State Regulations governing same:

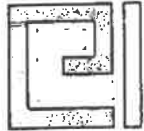
- ~~RM~~ ① FRONT OF HOUSE NOT WEATHERTIGHT
- ~~RM~~ ② MISSING ANCHORS FOR LULLY COLUMNS IN GARAGE.
- ~~ND~~ ③ ?? OVERHANG OF HOUSE INTO GARAGE. ~~OK~~
- ~~RM~~ ④ TIGHTEN UP FIREBLOCKING IN SOFFIT
- ⑤ LAUNDRY RM.
- ⑥ ? 5'4" x 16" TO RIGHT OF STAIRS WHERE IN PLANS ??
- ~~RM~~ ⑦ ADD H-CLIPS TO RAFTERS IN SLEEPING PORCH
- ~~RM~~ ⑧ TRUSSES FGB + TB MISSING BRACES
- ~~OK~~ ⑨ CHECK UP BATH FAN 2ND FLOOR BATH
- ~~ND~~ ⑩ TEMPORARY WINDOW 2ND FLOOR BATH OVER TUB ~~OK~~

1-14-05
RM

You are hereby notified that no more work shall be done upon these premises until the above violations are corrected. When corrections have been made, call for reinspection, 938-4500.

DATE 11/1/04 SCO CL

DO NOT REMOVE THIS TAG



**CHALLONER & MAGNO
ENGINEERING
LLC**

June 18, 2004

Mr. John Sullivan
M. Rieder Companies
127 White Oak Lane
Old Bridge, New Jersey 08857

**Re: On-Site Soil Engineering Report
Lot 11, Block 138.09, Unit #53
Toscana Development
Howell Township, New Jersey
Job Number: 00058**

Dear Mr. Sullivan:

Pursuant to your request, our office has performed on-site soils engineering services on Block 138.09, Lot 11 located within Toscana, a residential development currently under construction in Howell Township, New Jersey.

The construction sub grade elevation required that on-site sandy soil be placed in thin layers and compacted to a dense and stable consistency. Fills of up to approximately one foot in thickness were required to reach the proposed footing/slab elevation. Our office performed in-place field density tests within the vicinity of the proposed footing to determine the degree of compaction of the fill soils only. The field density test results are summarized on Figure 1 and indicate that the fill materials have generally been compacted to at least 95 percent of maximum dry density as determined by the ASTM D-1557 test procedure.

Based on our determination of the maximum dry density, and the results of the field density test, it is our opinion that the controlled compacted fill is suitable for support of the foundation designed to impose allowable net bearing pressures of up to 3,000 pounds per square foot, and the floor slab.

Very truly yours,

CHALLONER & MAGNO, LLC


Stuart C. Challoner, P.E.

SCC:jj
Enclosure



**CHALLONER & MAGNO
ENGINEERING
LLC**

201 Main Street 2nd Floor
Toms River, New Jersey 08753
Phone: 732-818-9980

IN FIELD DENSITY TEST

JOB NO. 00058 SHEET 1 OF 1

PROJECT: Toscana

SUBJECT: Compactions

Soil Test

COMPUTED BY: Joseph LaPlaca DATE: 06/17/04

CHECKED BY: Andrew Westhoven DATE: 06/17/04

Block: 138.09

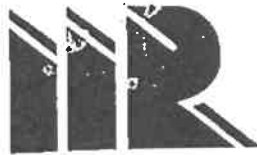
Lot: 11

Unit #53

Check Method of Test:

 Troxler Nuclear Density Gage Model No.: 3440
XXX Sand Cone Density Test

Test #	Date	Approximate Elevation (ft.)	Maximum Dry Density (pcf)	Field Moisture Content (%)	In-Place Dry Density (pcf)	Percent Compaction (%)	Comments
1			128.5	5.8	126.1	98	
2			128.5	6.4	127.5	99	



Unit 53

M. RIEDER COMPANIES

138 09 L11

SQUARE FOOTAGE CUBIC FEET FEE

BASE HOUSE	2646	47,855.04	
CRAWL SPACE	1383.70	incl.	
GARAGE	443.68	incl.	
HABITALE ATTIC SPACE			
STANDARD UNFINISHED ATTIC	✓		73
OPTIONAL BATH ATTIC			
SUN ROOM			
CONSERVATORY			
ELEVATION #1			
ELEVATION #2	✓		
ELEVATION #3			
OPT. MSTBD. SITTING ROOM			
NUMBER OF BEDROOMS	2 4	47,855.04	
TOTAL SQUARE FOOTAGE	2646	47,855.04	

FL
1383.70
SF
1263

S:\Toscana (Pine Meadows)\SQUARE FOOTAGE.doc

127 White Oak Lane, Old Bridge, New Jersey 08857 • (732) 679-8100 • Fax (732) 679-8710 • www.mrieder.com

To: Tom Leman From: Nancy
Unit 53 From Toscana
Residential Development Fee Form
Township of Howell, Howell, N.J. 07731
2940295
2940125
Office

ONLY CASH, CERTIFIED CHECKS, MONEY ORDER WILL BE ACCEPTED

Block No. 138 09 Lot(s) 61

Project Name Toscana (Pine Meadows)

Prel. Appl. Date 9/23/99 Final App. Date 4/4/2000

Owner MRC Fort Plain Phone # 732

Address 107 White Oak Lane Prop. Location 3 Tyler Ct

* Attach copy of house plans By Ordinance * Attach copy of sales contract

RESIDENTIAL DEVELOPMENT FEE:

Estimated Total Equalized Assessed Valuation: \$ ORDINANCE

Tax Assessor [Signature] Date 3-4-04

Multiplied by x.005 = 8000

Estimated total Mandatory Fee (.0025) divided by 2 = 4000

Portion of fee to be paid to Building Department
at time of Bldg. Permit Release (w/Bldg. Permit fees) } \$ 4000

Receipt # _____ DATE PAID _____ Rec. by: _____

Tax Assessor Adjustment to actual Total Equalized
Assessed Valuation) (+/-) -9-

Tax Assessor [Signature] Date 3-4-04

Balance of fee to be paid to Building Department at the time of Certificate of
Occupancy/Approval issuance.

Receipt # _____ Date Paid _____ Rec'd by _____

Revised 7/20/98

JEM CONTRACTING, LLC127 WHITE OAK LANE
OLD BRIDGE, NJ 08857
(732) 679-8100AMBOY NATIONAL BANK
7 GAUB ROAD
OLD BRIDGE, NJ 08857
55-441
212

106863

Pay: *****Four thousand dollars and no cents

DATE
May 19, 2004CHECK NO. 106863
AMOUNT \$*****4,000.00PAY
TO THE
ORDER
OF

HOWELL TOWNSHIP

Permit COAH
138.09 11

3 Tyler Ct

AUTHORIZED SIGNATURE

⑈106863⑈ ⑆021204416⑆ 06152471⑈

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
5-19-04	S53-COAH	BLOCK 138.09 LOT 11 Half of COA	4000.00	.00	4000.00
TOTALS			4000.00	.00	4000.00

CHECK DATE 5-19-04
HOWELL TOWNSHIP

CHECK NUMBER

106863

JEM CONTRACTING, LLC

106863

INSPECTION CHECK LIST
NEW DEVELOPMENT
COMMERCIAL/NEW CONSTRUCTION
PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

FINAL BUILDING INSPECTION.

FINAL PLUMBING INSPECTION

FINAL ELECTRIC INSPECTION

FINAL FIRE INSPECTION

FOUNDATION LOCATION SURVEY

SOIL CONSERVATION APPROVAL

H.T.M.U.A./MCBH/WELL/SEPTIC

H.O.W. CERTIFICATE

FINAL SURVEY

ENGINEERING RELEASE

FINAL COAH PAYMENT

APPLICATION FOR C.O.

ENERGY STAR CERTIFICATE

COMMERCIAL

SITE PLAN FIRE LANES/ZONES

SITE PLAN COMPLIANCE

FOOD HANDLERS LICENSE

BLOCK 138-09 LOT 11

NAME MRC

1-20-05

1-11-05

1-11-05

1-10-05

7-15-04

1-13-05

9-28-01

1-19-05

1-12-05

1-14-05

1-10-05

1-19-05

1-5-05



Manasquan River Regional Sewerage Authority

P.O. Box 646 • Farmingdale, New Jersey 07727
(732) 431-8185 • FAX (732) 308-3833

Jerome A. Cvetello, Jr.
Executive Director

RELEASE FOR CONSTRUCTION PERMIT

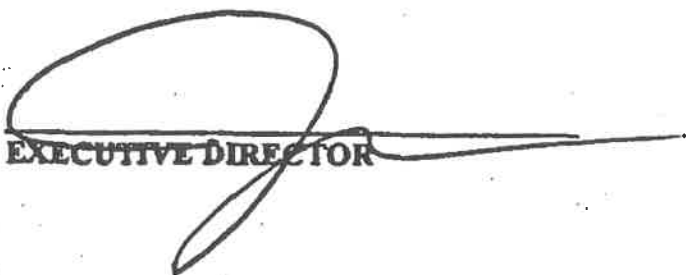
**ALL APPROPRIATE APPROVALS AND FEES HAVE BEEN RECEIVED BY THE
MANASQUAN RIVER REGIONAL SEWERAGE AUTHORITY**

FOR PROJECT LOCATED IN Howell Township

KNOWN AS Pine Meadows (Sewer Extension (99-11))

BLOCK 138 **LOT** 32 and 32.01

WHICH CONSISTS OF 186 new residential and 2 existing residential


EXECUTIVE DIRECTOR

September 28, 2001
DATE

(Seal)

**cc: Ed Mack
Allen Gaestel**





New Jersey
ENERGY STAR® Homes
njenergystarhomes.com

Score

Inspection Report – Part 1 of 3

Rating #: M09072

Builder: M Renda Built as Proposed: Yes No Date: _____
 Contact: John Pre-Construction Meeting Date: _____
 Project: TUSCANA Tech. Rep.: _____
 Location: 3 Tyler Court Pre-Drywall Inspection Date: 11/15/09
 Unit: Howell NJ / Cortana model Tech. Rep.: B Stutz
 Model Type: ~~Howell~~ Final Inspection Date: 1/5/05 - 1/7/05
 Orientation: S Bldg. #: UNIT 53 Tech. Rep.: DAVE MCCLOUD / DAVE MCCLOUD

Instances of New Jersey ENERGY STAR Homes Non-Compliance

Program Requirements (R) and Strong Recommendations (SR) for improvement are indicated by an "X" in the boxes below. All program requirements must be satisfied.

Compliance
Verification
Date/Tech. Rep.

R SR

Section/Item (Refer to Part 2 of 3 or Part 3 of 3)

- ☒ ☐ REMOVE INSULATION AND MASTIC ALL SEAMS
- ☐ ☐ IN HVAC TRUNKS IN ATTIC AND BASEMENT
- ☒ ☐ INSTALL ALL STARTER CHAIRS TO BE IN
- ☐ ☐ CONTACT WITH HVAC TRUNK, NOT ON TOP
- ☐ ☐ OF TRUNK INSULATION.
- ☒ ☐ RE-INSPECTION REQUIRED.
- ☒ ☐ BUILDER TO SUBMIT MANUAL I AND
- ☐ ☐ AIF FORMS TO OFFICE AS REQUIRED

OK DMC 1/7/05

☐ Program Non-Compliance/Recommendations for Improvement continued on additional page (attached)

Pre-Drywall Inspection

Result/Status:

☒ PASS

☐ FAIL (Re-Inspection Required)

Tech. Rep. Signature: _____

Person Notified: _____

Report Distribution Date: 11/15

On Site: ☒

Fax: _____

Letter: _____

Final Inspection

Result/Status:

☒ PASS

☐ FAIL (Re-Inspection Required)

Tech. Rep. Signature: Dave McCloud

Person Notified: MICHAEL

Report Distribution Date: 1/5/05 - 1/7/05

On Site: ☒

Fax: _____

Letter: _____

For Office Use Only:

New Jersey ENERGY STAR Homes requirement (minimum rating 86.0 points)

Total Finished Space (Sq. Ft.): _____

Official Verified Home Energy Rating: _____

White: Vendor Original

Yellow: Utility Copy

Pink: Builder Final Copy

Gold: Builder Pre-Drywall Copy
046-0704



3 Tyler Ct

Rating #: M09072

NOTE: Items are required unless listed in *italics*. Items in *italics* are strongly recommended.
Check box if satisfactory. Circle box if remediation is required.

Ceilings – Flat/Sloped/Combo R-Values – Flat: _____ Sloped: _____ Ceiling/Roof: 30

A. Ceiling Insulation

1st 2nd

- ☒ 1. Batts fill all ceiling cavities
- ☒ 2. Insulation is not compressed
- ☒ 3. Insulation installed around all obstructions
- ☒ 4. Vapor retarder intact, stapled (heated side)
- ☒ 5. Batts cover top plates without gaps
- ☒ 6. Insulation installed behind soffits
- ☒ 7. Insulation does not block ventilation
- ☒ 8. Depth of loose fill insulation is even
- ☒ 9. Accesses to unheated space insulated
- ☒ 10. IC Rated recessed lights insulated

B. Ceiling Caulking/Sealing

1st 2nd

- ☒ 1. Plumbing, mech., and elec. penetrations
- ☒ 2. Weatherstrip access to unheated space
- ☒ 3. Draftblocking at chaseways, soffits, ceiling
- ☒ 4. HVAC boots, boxes to drywall
- ☒ 5. Recessed light housings to drywall
- ☒ 6. Ceiling joist connections sealed (modular)

C. Ceiling Miscellaneous

1st 2nd

- ☒ 1. Blown-insulation certificate provided
- ☒ 2. *Insulation of high and low ventilation*

Walls – Exterior/Garage/Knee R-Values – Frame 2x4: 13

Frame 2x6: 19 Basement Wall: _____ Sheathing: _____

D. Wall Insulation

1st 2nd

- ☒ 1. Batts fill all exterior wall cavities
- ☒ 2. Insulation is not compressed
- ☒ 3. Insulation installed behind all obstructions
- ☒ 4. Vapor retarder intact, secured (heated side)
- ☒ 5. Insulation behind ducts in exterior walls
- ☒ 6. Batts trimmed around elec. boxes/outlets
- ☒ 7. Insulation behind all Ts and corners
- ☒ 8. Stairways to unheated space insulated *R13 3.2 fl*
- ☒ 9. Accesses to unheated space insulated
- ☒ 10. *Sheathing at backside of kneewalls installed*
- ☒ 11. Exterior door installed and insulated at bsmt. wall leading to walk-up/walk-out access

E. Wall Caulking/Sealing

1st 2nd

- ☒ 1. Plumbing, mech., and elec. penetrations
- ☒ 2. Corner and T-wall studs
- ☒ 3. Gaps in framing members
- ☒ 4. Window and door framing
- ☒ 5. Base plate of exterior walls
- ☒ 6. Between sill plate and foundation wall
- ☒ 7. Gaps at band joists location
- ☒ 8. Weatherstrip access to unheated space
- ☒ 9. *Electrical gaskets or exterior air barrier*
- ☒ 10. Exterior gaps at windows and doors
- ☒ 11. Where different exterior materials meet
- ☒ 12. Marriage wall sealed (modular only)

Floors – Over Garage/Open/Crawl R-Values – Over Open: _____

Over Garage: 30 Over Basement: _____
Over Crawl: _____ Slab Edge: _____ Slab Under: _____

F. Floor Insulation

1st 2nd

- ☒ 1. Batts fill all joist cavities
- ☒ 2. Insulation is not compressed
- ☒ 3. Insulation installed around all obstructions
- ☒ 4. Vapor retarder intact, secured (heated side)
- ☒ 5. All band joists insulated and secured
- ☒ 6. Batts fully supported
- ☒ 7. Cantilevers insulated at band and soffit
- ☒ 8. Slab insulation installed per code

G. Floor Caulking/Sealing

1st 2nd

- ☒ 1. Plumbing, mech., and elec. penetrations
- ☒ 2. Draftblocking below kneewalls
- ☒ 3. Draftblocking at service and end joists
- ☒ 4. *Sub-floor glued down at house perimeter*
- ☒ 5. Floor joist connections sealed (modular)

H. Mechanical Ventilation for IAQ

☐ Heat Recovery ☐ Exhaust Only ☐ Other: _____

of Fans: _____ Make: _____ Model #: _____ CFM: _____ Watts: _____ Sones: _____

Control: ☐ 24-Hr. Timer ☐ Other: _____ Notes: _____



New Jersey
ENERGY STAR® Homes
njenergystarhomes.com

Inspection Report - Part 3 of 3

Rating #: MO 9072

Windows and Doors

3TY112 C+

Glazing Components

1st 2nd

Manufacturer/Series/Product

NFRC

U-Value

SHGC

☐ ☐ Exterior Windows:

IDEAL

☐ Yes ☐ No

37

37

☐ ☐ Sliding/French Door:

11

☐ Yes ☐ No

☐ ☐ Basement Windows:

☐ Yes ☐ No

☒ ☐ Entry Door:

T TR

☐ Steel Insul. ☐ Solid Wood

R-Value:

Mechanical Systems

Zone 1 of 2

Is the thermostat programmable? ☐ Yes ☐ No

Distribution System (Check one): ☒ Forced Air ☐ Hydronic

System Types (Check all that apply)

Zone #2 not present

☐ Furnace

☐ Boiler

☐ Combination

☐ Air-Source HP

☐ Geothermal HP

☒ Central Air

☐ Air-Handler

Comments:

140112

In all heat pump cases: Is there aux. heat? ☐ Yes ☐ No kWh:

Heating Equipment

Location

Goodman

Manufacturer

GMS90703BMA

Model #

/0408774121

Serial #

AFUE/COP/HSPF

Cooling Equipment

Exterior Unit:

GOODMAN

Manufacturer

MLT30

Model #

0410050524

Serial #

SEER/EER

Interior Unit:

GOODMAN

Manufacturer

6H

Model #

0408785500

Serial #

ARI Capacity

Domestic Hot Water Heating Equipment

CAND SPACE

BRADFORD WHITE

Manufacturer

MITTOW75T6BWR

Model #

044732927

Serial #

Energy Factor

Distribution Systems - Air and Water

I. HVAC Ductwork

1st 2nd

☒ ☐ 1. HVAC Supply ducts sealed

☐ Plenum

☒ Collar-Trunk

☐ Collar-Takeoff

☐ Boot-Drywall

☐ Takeoff-Boot/Box

☒ Boot

☒ Trunk

☐ ☐ 2. HVAC Return ducts sealed

☐ Plenum

☒ Trunk

☒ Filter Location

☐ Collar-Trunk

☐ Takeoffs

☐ Box-Drywall

☐ Box

☐ Panning

☐ ☐ 3. HVAC Ducts insulated - unconditioned spaces

Supply: Trunk(s) R = 4/6 Runout(s) R = 4/6

Location: unconditioned space

Return: Trunk(s) R = 4/6 Runout(s) R = 4/6

J. Water System

1st 2nd

☐ ☐ 1. R-3 on all water pipes - unconditioned

1st 2nd

☐ ☐ 2. Insulated hot water heater jacket R =

Airflow

Zone 1 of 2

☒ Static Pressure Drop (in. WC) ☐ Pressure Across Coil or ☐ External Static Pressure

Fan Setting: ☐ Low ☐ Medium/Low ☐ Medium ☐ Medium/High ☐ High

☐ Dry Coil (Blower only, fan on cooling speed) ☐ Wet Coil (A/C unit operating)

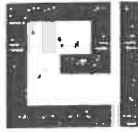
Rated Cooling Capacity (Tons): 1.5 x (CFM/Ton)* = (CFM) Target Airflow

Estimated Airflow from Manufacturer Fan Data = (CFM)** Stamped Charge: 1.5 lbs. 0.0 oz.

Metering Device: ☐ Fixed Orifice ☐ TXV ☐ Not Visible

*Use 400 CFM/Ton or manufacturer's specifications

**Must be within 10% of Target Airflow



**CHALLONER &
ASSOCIATES
LLC**

June 18, 2004

Mr. John Sullivan
M. Rieder Companies
127 White Oak Lane
Old Bridge, New Jersey 08857

**Re: On-Site Soil Engineering Report
Lot 11, Block 138.09, Unit #53
Toscana Development
Howell Township, New Jersey
Job Number: 00058**

Dear Mr. Sullivan:

Pursuant to your request, our office has performed on-site soils engineering services on Block 138.09, Lot 11 located within Toscana, a residential development currently under construction in Howell Township, New Jersey.

The construction sub grade elevation required that on-site sandy soil be placed in thin layers and compacted to a dense and stable consistency. Fills of up to approximately one foot in thickness were required to reach the proposed footing/slab elevation. Our office performed in-place field density tests within the vicinity of the proposed footing to determine the degree of compaction of the fill soils only. The field density test results are summarized on Figure 1 and indicate that the fill materials have generally been compacted to at least 95 percent of maximum dry density as determined by the ASTM D-1557 test procedure.

Based on our determination of the maximum dry density, and the results of the field density test, it is our opinion that the controlled compacted fill is suitable for support of the foundation designed to impose allowable net bearing pressures of up to 3,000 pounds per square foot, and the floor slab.

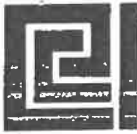
Very truly yours,

CHALLONER & ASSOCIATES, LLC


Stuart C. Challoner, P.E.

SCC:jj
Enclosure

CONSULTING ENGINEERS AND DESIGN PROFESSIONALS
215 Main Street, 2nd Floor, Toms River, New Jersey 08753
Phone: (732) 818-9980 • Fax: (732) 818-9981



**CHALLONER &
ASSOCIATES
LLC**

201 Main Street 2nd Floor
Toms River, New Jersey 08753
Phone: 732-818-9980

IN FIELD DENSITY TEST

JOB NO. 00058 SHEET 1 OF 1

PROJECT: Toscana

SUBJECT: Compactions

Soil Test

COMPUTED BY: Joseph LaPlaca DATE: 06/17/04

CHECKED BY: Andrew Westhoven DATE: 06/17/04

Block: 138.09

Lot: 11

Unit #53

Check Method of Test:

____ Troxler Nuclear Density Gage Model No.: 3440
XXX Sand Cone Density Test

Test #	Date	Approximate Elevation (ft.)	Maximum Dry Density (pcf)	Field Moisture Content (%)	In-Place Dry Density (pcf)	Percent Compaction (%)	Comments
1			128.5	5.8	126.1	98	
2			128.5	6.4	127.5	99	



FREEHOLD SOIL CONSERVATION DISTRICT

(Serving Middlesex and Monmouth Counties)

4000 Kozloski Road
Freehold, New Jersey 07728

Tel: (732) 683-8500

Fax: (732) 683-9140

E-mail: info@freeholdscd.org

Website: www.freeholdscd.org

*** REPORT OF PARTIAL COMPLIANCE ***

1/19/05

TO : CONSTRUCTION OFFICIAL

TWP.: HOWELL

PROJ.: TOSCANA AT HOWELL

APPLICATION NO.: 1998-0474

Block : 138.09

Lot : 11

Comments: 3 Tyler Court

This certifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance with the soil erosion and sediment control plan as certified by the Freehold Soil Conservation District and required by the New Jersey Soil Erosion and Sediment Control Act, N.J.S.A. 4:24-39 et. seq., Chapter 251, P.L. 1975 and as amended by C. 264, P.L. 77 and C. 459, P.L. 79.

*Pending continued compliance and the establishment of permanent vegetative cover by April 15th, 2005.

Official Seal:



DISTRIBUTION:

WHITE - Municipal Construction Official

CANARY - Developer

BLUE - District

GOLD - Other

JEM CONTRACTING LLC

127 WHITE OAK LANE
OLD BRIDGE NJ 08857
(732) 679 8100

AMBOY NATIONAL BANK
GAUR ROAD
OLD BRIDGE NJ 08857

55 441
212

108954

Pay

*****Four thousand dollars and no cents

DATE
January 10 2005

CHECK NO
108954 \$*****4 000 00

HOWELL TOWNSHIP

**PAY
TO THE
ORDER
OF**

*Final Cash
\$13809.16 12 Tyler Ct*

AUTHORIZED SIGNATURE

⑈108954⑈ ⑈021204416⑈ 0615247⑈

QUALITY BUILDERS WARRANTY C O R P O R A T I O N

325 N. Second Street, Wormleysburg, PA 17043

telephone: 717 737-2522

fax: 717 737-4288

To: Local Construction Officials

From: Quality Builders Warranty Corporation

Re: Confirmation of Home Enrollment and Warranty Coverage
(To be presented by Builder when seeking the Certificate of Occupancy)

This form will serve as notification that the "home" listed below has been accepted and approved for final enrollment in Quality Builders Warranty 10-year limited warranty program per NJAC 5:25-5.5 (a)iii.

Builder's Name
MRC AT FORT PLAINS
ROAD, LLC

Builder's Reg. Number
70521

DCA Registration
30744

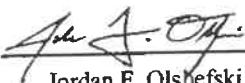
Purchaser's Name
HASANI, / HASANI,

Home Address
3 Tyler Court
HOWELL, NJ 07731
MONMOUTH COUNTY

Development
MRC @ FORT PLAINS ROAD LLC
LOT: 11 / BLOCK: 138.09

QBW Enrollment Number
376975

Effective Date of Warranty
Friday, January 21, 2005



Jordan F. Olshefski
Vice President

, Wednesday, January 19, 2005



April 1, 2004

Re: Hakim/Hasani Residence
Lot 11 / Block 138.09
3 Tyler Ct.
Howell, NJ 07731

Howell Township Fire Marshal:

This letter is to inform you that the following residence does not have fire protective devices that are monitored by:

Guardian Protection Services Central Stations
650 Ridge Road
Pittsburgh, PA 15205

Sincerely,

Stephen Hirsch
Operations Manager

CC: Buzz Ebner
Branch Manager



**CHALLONER &
ASSOCIATES
LLC**

June 18, 2004

Mr. John Sullivan
M. Rieder Companies
127 White Oak Lane
Old Bridge, New Jersey 08857

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Howell Township, New Jersey
Job Number: 00058**

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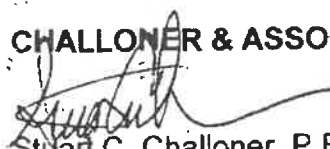
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Very truly yours,

CHALLONER & ASSOCIATES, LLC


Stuart C. Challoner, P.E.

SCC:jj
Enclosure

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201 Main Street 2nd Floor
Toms River, New Jersey 08753
Phone: 732-818-9980

IN FIELD DENSITY TEST

JOB NO. 00058 SHEET 1 OF 1

PROJECT: Toscana

SUBJECT: Compactions

Soil Test

COMPUTED BY: Joseph LaPlaca DATE: 06/17/04

CHECKED BY: Andrew Westhoven DATE: 06/17/04

Block: 138.09

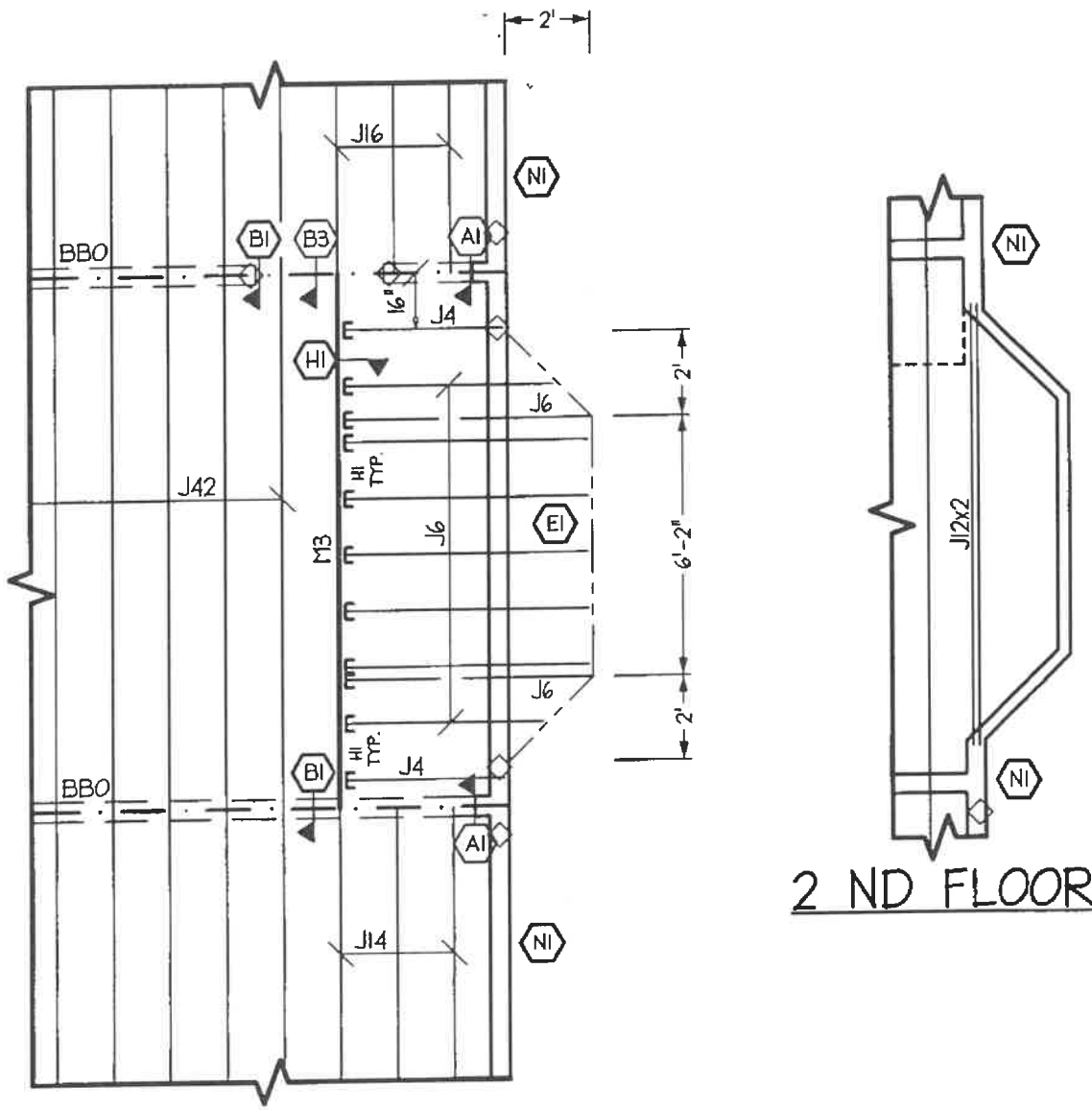
Lot: 11

Unit #53

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2			128.5	6.4	127.5	99	



1 ST FLOOR

2 ND FLOOR

BAY @ DINING ROOM

BASED ON INFORMATION PROVIDED BY: M. RIEDER COMPANIES

To: JOHN SULLIVAN		Prepared by: GJB	
Phone: 732-522-8534		Fax: 732-294-0295	
Lot: 11	Block: 138.09	Date: 8-11-04	TJ Job # 01-471
Project: M. RIEDER @ TOSCANA CORTONA - UNIT 53			
BOTH Floor TJI Joist Type: 11 7/8" 230's			
SAVED AS: 01-471 ADD1			

FrameWorks.
DETAIL
PREPARED BY
Town Joist
A Weyerhaeuser Business
NORTHEAST REGION
112 Centre Blvd., Marlton, N.J. 08053
PHONE: 800.678.8787
FAX: 856.985.9806

ROBERT A. KUSER
REGIONAL ENGINEER

N.J. PROFESSIONAL
ENGINEER NO. 36011

WILLING CHECKLIST

138.09 / 11 Res
NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:

BOLTS

☒ SPACING

☒ SIZE

STRAPS

☐ SPACING (PER MANUFACTURER'S SPECS)

☐ SIZE

2. SILL PLATES:

☒ SIZE

☒ GRADE, SPECIES

☒ TREATMENT

☒ LAPS

☒ SILL SEALER

☐ PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)

☐ TERMITE PROTECTION

3. BEAM POCKETS:

☒ BEARING/SHIMS

☐ TERMITE PROTECTION OR CLEARANCE

4. COLUMNS:

☐ SIZED PER PLAN

☐ ATTACHMENT/PLATES

☐ SPACING/LOCATION

☐ PAINT/COATING

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:

1st 2nd 3rd FLOOR

☒ SIZE

☒ GRADE, SPECIES

☒ SINGLE OR DOUBLE

☒ PRE-ENGINEERED PER MANUF'S SPECS

☒ CANTILEVERS AS PER DESIGN

2. GIRDERS AND BEAMS:

☒ SIZED PER PLAN

☒ TYPE

☒ GRADE, SPECIES

☒ LOCATION AND RELATION TO THE PLAN

☒ NAILING

☒ ATTACHMENT SCHEDULE

☒ BEARING

☒ LAPPING

3. FLOOR JOIST:

1st 2nd 3rd FLOOR

☒ SIZED PER PLAN

☒ GRADE, SPECIES

☒ PRE-ENGINEERED COMPONENTS AS SPECIFIED

☒ BEARING

☒ NAILING

☒ BRIDGING

☒ CUTTING AND NOTCHING (AS PER CODE)

☒ POINT LOADS - SUPPORTED AS PER PLAN

☒ SPAN HANGERS

☒ HEADERS

☒ FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1st 2nd 3rd FLOOR

MATERIAL

☐ PANEL SPAN, THICKNESS

SPECIAL REQUIREMENTS

☐ EDGE BLOCKING (IF REQUIRED)

☐ GAPPING

☐ LAYOUT

NAILING SCHEDULE

☐ NUMBER

☐ SIZE

☐ LOCATION

5. STAIR ATTACHMENT:

1st 2nd 3rd FLOOR

☐ BEARING

☐ NAILING

C. WALL FRAMING

1. EXTERIOR WALL FRAME:

- 1st 2nd 3rd FLOOR
- ☐ SIZE
- ☐ SPACE
- ☐ SPECIES AND GRADE
- ☐ CUTTING, NOTCHING, AND BORING
- ☐ HEADER SIZES
- ☐ JACK STUD BEARING
- TOP PLATES
- ☐ NAILING
- ☐ LAPS
- ☐ RAFTER TIES
- ☐ HURRICANE STRAPS (AS REQUIRED)

2. INTERIOR LOAD-BEARING WALLS:

- 1st 2nd 3rd FLOOR
- ☐ SIZE
- ☐ SPACE
- ☐ LAYOUT - SUPPORT BELOW PER CODE
- ☐ SPECIES AND GRADE
- ☐ CUTTING, NOTCHING, AND BORING
- ☐ FIRE BLOCKING
- ☐ HEADER SIZES
- ☐ JACK STUD BEARING
- TOP PLATES
- ☐ NAILING
- ☐ LAPS
- ☐ STRAPPING

3. INTERIOR NON-LOAD-BEARING WALLS:

- 1st 2nd 3rd FLOOR
- ☐ SIZE
- ☐ SPACE
- ☐ SPECIES AND GRADE
- ☐ CUTTING, NOTCHING, AND BORING
- ☐ FIRE BLOCKING
- ☐ HEADER SIZES
- ☐ TOP PLATE NAILING

D. ROOF FRAMING

1. TRUSS ROOF FRAMING (AS PER DESIGN):

- APPROVED DOCUMENTS WHICH SHOW:
- ☐ LAYOUT PLANS
- ☐ TRUSS MEMBERS
- ☐ CONNECTION SCHEDULE
- ☐ PERMANENT BRACING DETAILS
- ☐ DORMERS/ROOF STRUCTURES ON MANUFACTURER'S DRAWINGS
- ☐ EQUIPMENT/APPLANCES ON MANUFACTURER'S DRAWINGS
- ☐ LOCATION AS PER LAYOUT
- ☐ ALIGNMENT
- ☐ BEARING
- ☐ SPACING
- ☐ CONNECTIONS TO BEARING POINTS
- ☐ NO CONNECTION TO NON-BEARING POINTS
- ☐ DAMAGE AND DEFECTS
- ☐ ENGINEERED METHOD OF REPAIR

2. PERMANENT TRUSS-TO-TRUSS BRACING (AS PER DESIGN):

- ☐ LAYOUT
- ☐ SIZE
- ☐ TYPE
- ☐ NAILING
- ☐ OVERLAP
- ☐ TERMINATION
- ☐ TRANSITION (I.E., CROSS) BRACING

4. SOLID SAWN ROOF FRAMING:

- ☐ SIZE
- ☐ GRADES, SPECIES
- LAYOUT
- ☐ SPACING
- ☐ BEARING
- ☐ FASTENING
- ☐ DAMAGE CAUSED BY FASTENERS (RAFTERS NOT SPLIT BY TOE NAILS)
- ☐ CUTTING, NOTCHING, AND BORING
- ☐ BRIDGING
- ☐ RIDGE SIZE
- ☐ HURRICANE TIES WHERE APPLICABLE

3. GABLE END BRACING (AS PER DESIGN):

- ☐ LAYOUT
- ☐ SIZE
- ☐ TYPE
- ☐ NAILING
- ☐ OVERLAP
- ☐ TERMINATION

E. SHEATHING

2. SHEATHING - ROOF:

Applied

- MATERIAL
- ☒ PANEL SPAN, THICKNESS
- SPECIAL REQUIREMENTS
- ☐ BLOCKING, EDGE (IF REQUIRED)
- ☐ CLIPS (IF REQUIRED)
- ☐ GAPPING
- ☐ LAYOUT
- SHEATHING: FRT - ROOF
- ☐ FOUR FEET FROM FIREWALL
- ☐ NONCORROSIVE FASTENERS

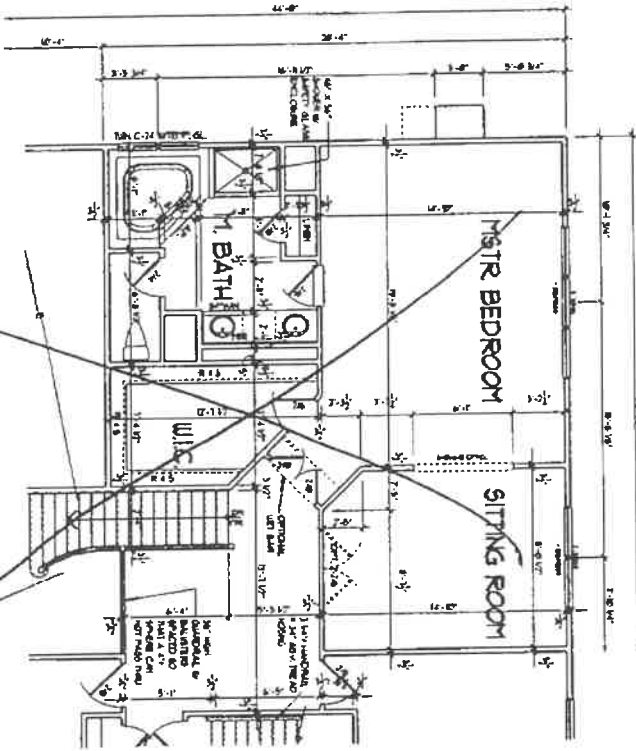
NAILING SCHEDULE

- ☐ NUMBER
- ☐ SIZE
- ☐ LOCATION

1. SHEATHING - EXTERIOR WALLS:

- MATERIAL
- ☒ PANEL SPAN, THICKNESS
- SPECIAL REQUIREMENTS
- ☒ GAPPING
- ☐ LAYOUT
- ☐ CORNER BRACING (IF REQUIRED)
- NAILING SCHEDULE
- ☒ NUMBER
- ☒ SIZE
- ☒ LOCATION

NOTE: SITTING ROOM & MASTER BEDROOM ARE OPTIONAL



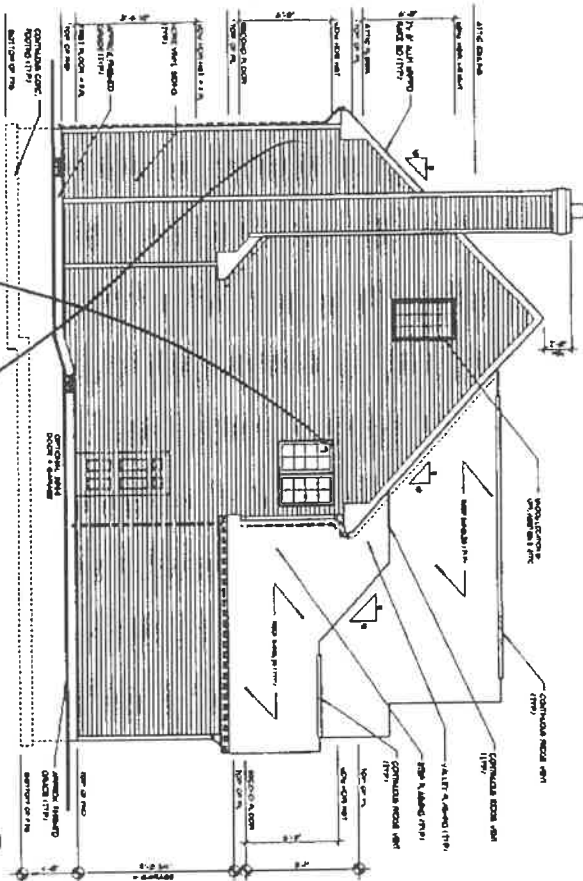
1 OPT. MASTER BEDRM. SITTING ROOM
A-3B SCALE: 1/4" = 1'-0"

C 2011 January 2, 2000 2000 REC. UPDATE 2000 REC. UPDATE			
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CORTONA
@ TOSCANA
FOR
M. RIEDER DEVELOPMENT CO.

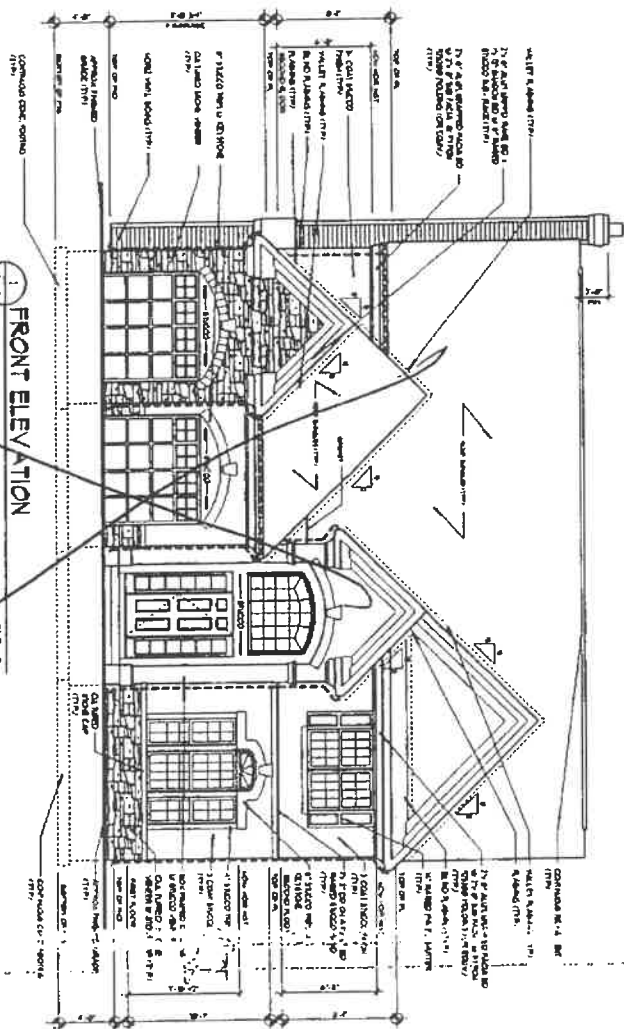
FEINBERG & ASSOCIATES P.C.
ARCHITECTS/PLANNERS/INTERIOR DESIGNERS

THE PINE HILLS CORPORATE CENTER
20 EAST CLEMENTON ROAD - SUITE 3015 - GIBBSBORO, NJ, 08024
(609) 782-0100 - (215) 923-9157 - FAX (609) 782-8856



2 LEFT ELEVATION
SCALE: 1/4" = 1'-0"

ELEV 1



1 FRONT ELEVATION
SCALE: 1/4" = 1'-0"

ELEV 4

NO.	DATE	DESCRIPTION
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100	08/10/00	ISSUED FOR PERMIT

CORTONA
® TOSCANA
FOR
M. RIEDER DEVELOPMENT CO.

FEINBERG & ASSOCIATES P.C.
ARCHITECTS/PLANNERS/INTERIOR-DESIGNERS

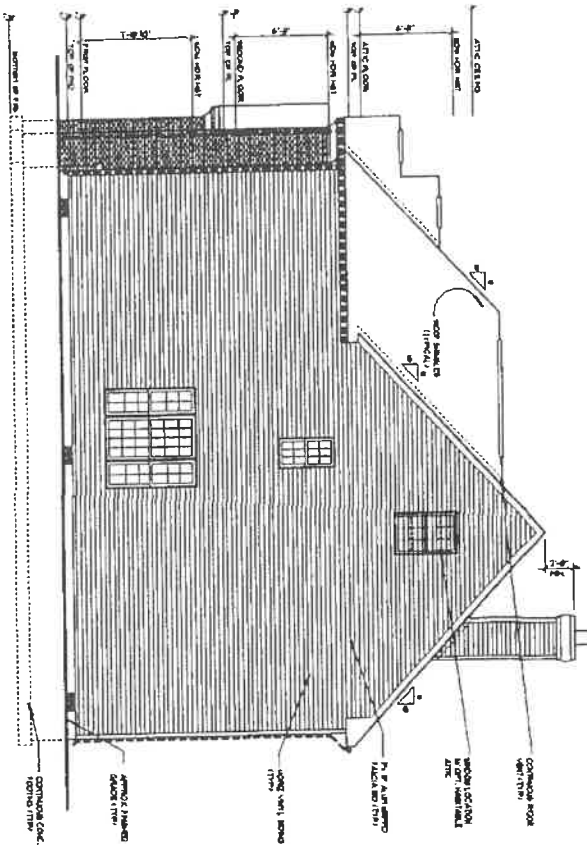
THE PRATT HOUSE CORPORATE CENTER
20 EAST CLEMENTINE ROAD - SUITE 2012 - GIBBSBORO, NJ, 08028
(609) 782-8100 - (215) 863-0457 - FAX (609) 782-0654



THE FIRST MONIE CORPORATE CENTER
29 EAST CLEMENTON ROAD - SUITE 2015 - CINCINNATI, OJ. 45220
(606) 782-8100 - (215) 823-8157 - FAX (606) 782-8946

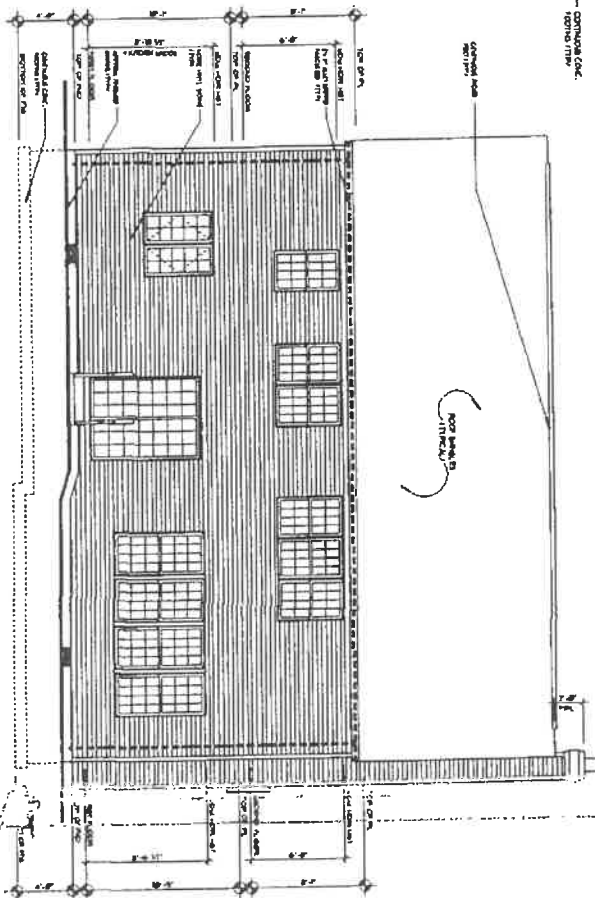
2
A-7
RIGHT ELEVATION
SCALE: 1/4" = 1'-0"

ELEV 2



1
A-7
REAR ELEVATION
SCALE: 1/4" = 1'-0"

ELEV 2



NO.	DATE	REVISION
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DESIGNED BY	ARCHITECT
DRAWN BY	DATE
CHECKED BY	DATE
APPROVED BY	DATE

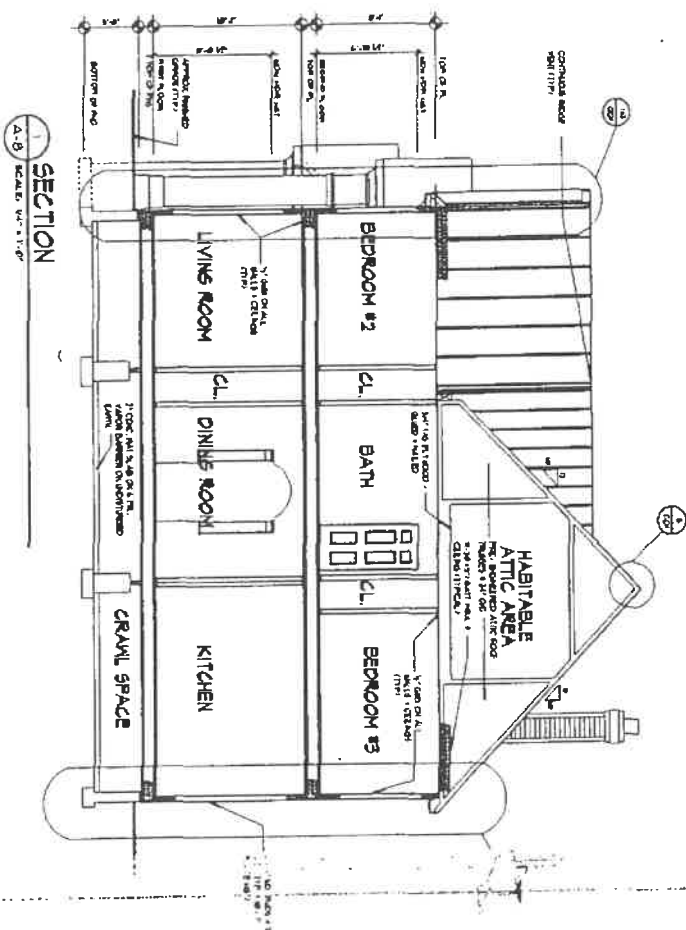
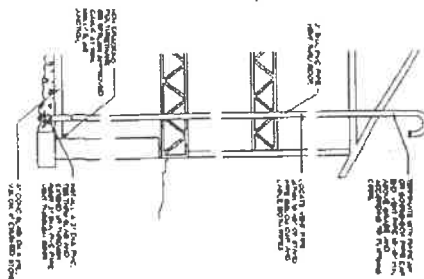
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PROJECT NAME	100-000000
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PROJECT STATE	100-000000
PROJECT ZIP	100-000000

CORTONA
@ TOSCANA
FOR
N. RIEDER DEVELOPMENT CO.

FEINBERG & ASSOCIATES P.C.
ARCHITECTS/PLANNERS/INTERIOR DESIGNERS

THE FAIRY POND CORPORATE CENTER
20 EAST ELEVATION ROAD - SUITE 2015 - GLENBORO, RI 02842
(860) 762-8180 - (201) 955-9157 - FAX (860) 762-8864

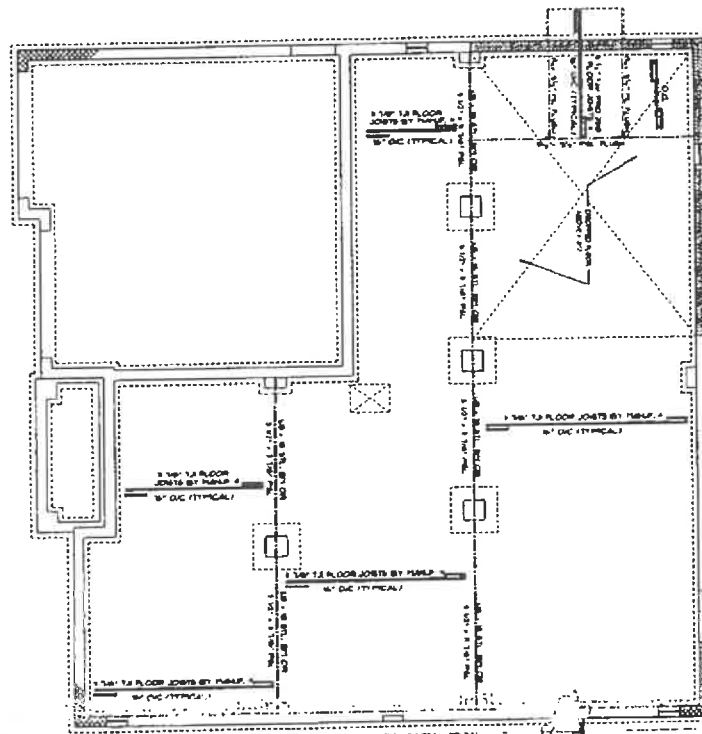
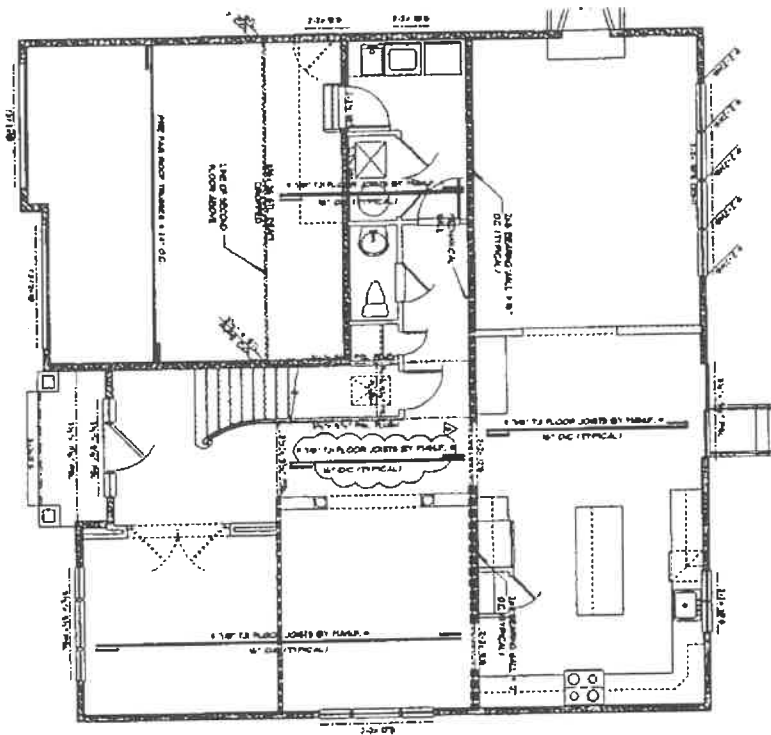
RADON DETAIL
NOT TO SCALE

[illegible]

CORTONA
@ TOSCANA
FOR
M. RIEDER DEVELOPMENT CO.

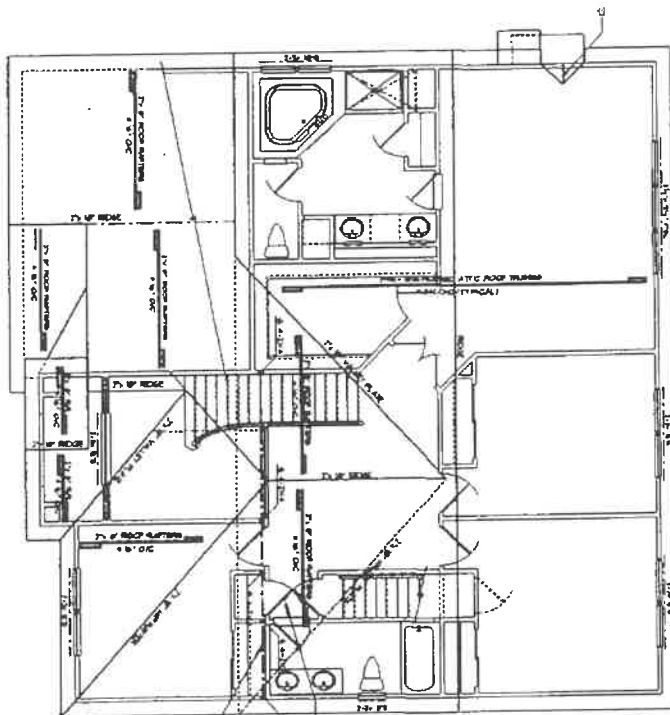
FEINBERG & ASSOCIATES P.C.
ARCHITECTS/PLANNERS/INTERIOR DESIGNERS

THE PAINT WORKS CORPORATE CENTER
24 EAST CLEMENTON ROAD - SUITE 3015 - CINCINNATI, NJ. 08020
(854) 782-8200 - (215) 823-8157 - FAX (854) 782-8808



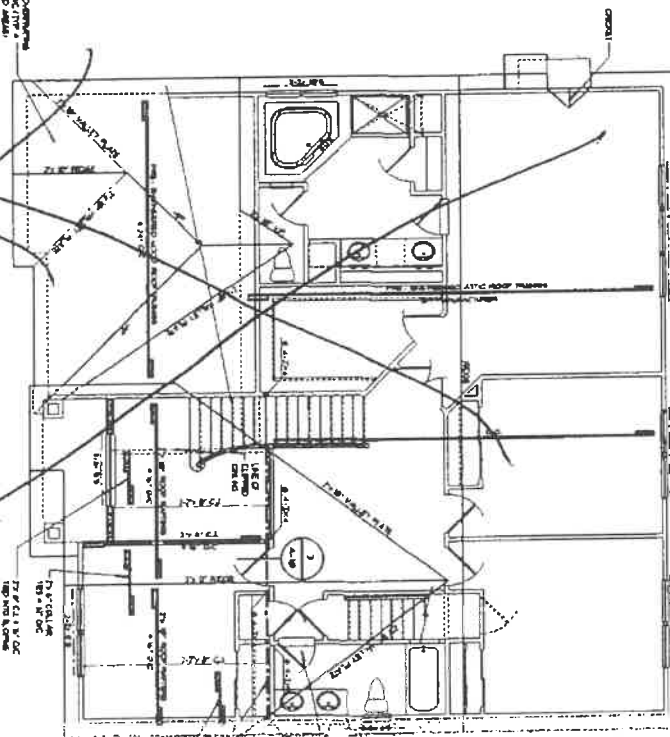
2 ROOF FRAMING PLAN
SCALE: 1/4" = 1'-0"

LEV. 1

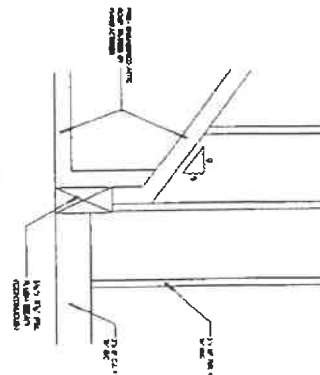


1 ROOF FRAMING PLAN
SCALE: 1/4" = 1'-0"

LEV. 1



3 ROOF DETAIL
SCALE: 1/4" = 1'-0"

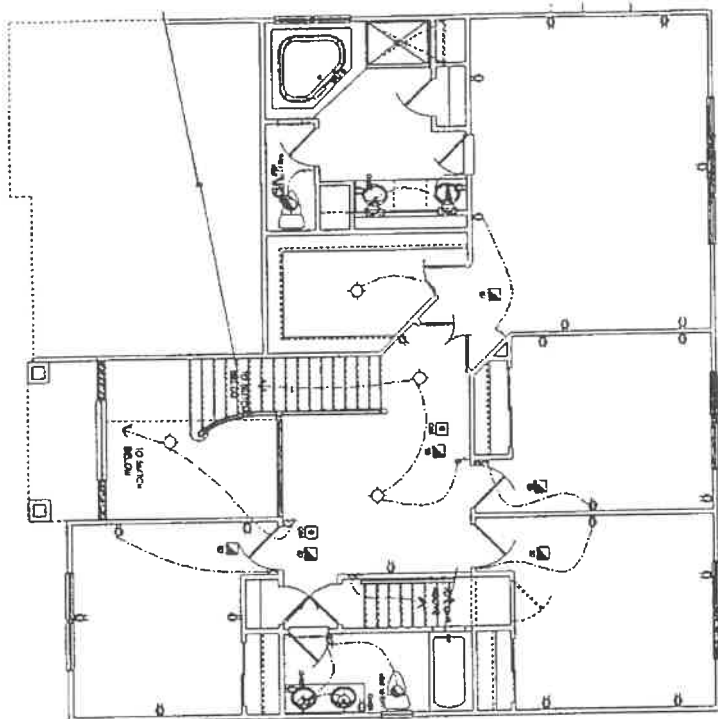


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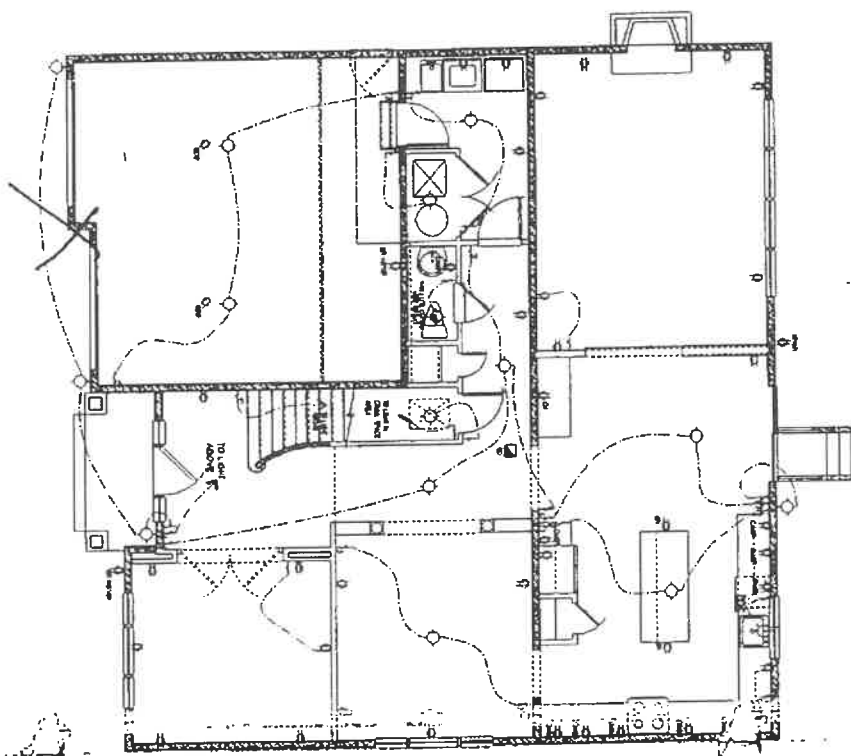
CORTONA
@ TOSCANA
FOR
M. RIEDER DEVELOPMENT CO.

FEINBERG & ASSOCIATES P.C.
ARCHITECTS/PLANNERS/INTERIOR DESIGNERS
THE PONY HOKES CORPORATE CENTER
20 EAST CLEMENTON ROAD - SUITE 2015 - CLINTON, N.J. 08809
(908) 782-0100 - (215) 822-9157 - FAX (908) 782-0000

SECOND
A-11 SCALE, 64" x 1'-0"



SCALE: 44' x 11'

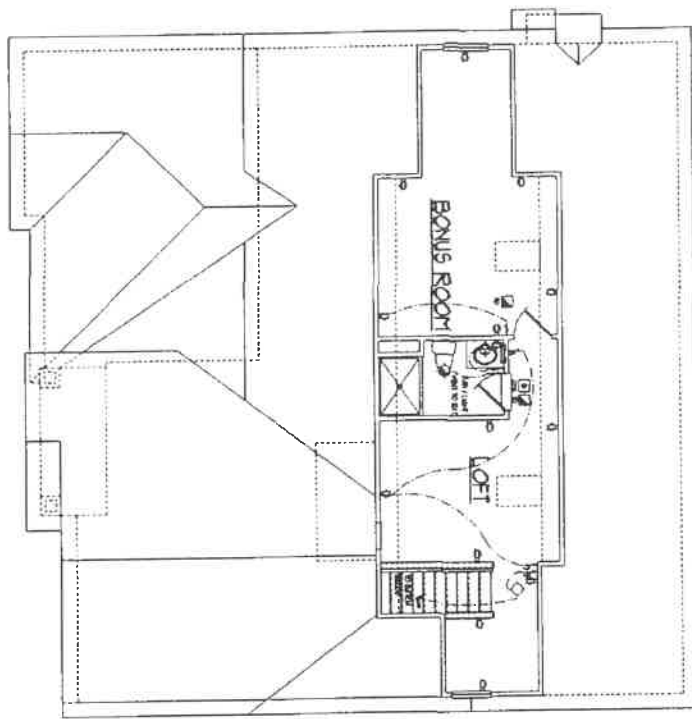


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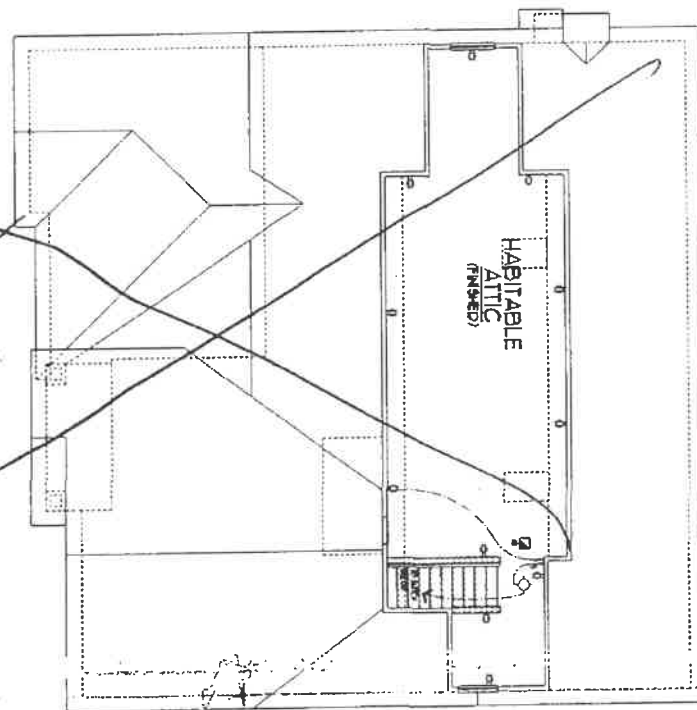
CORTONA
@ TOSCANA
FOR
M. RIEDER DEVELOPMENT CO.

FEINBERG & ASSOCIATES P.C.
ARCHITECTS/PLANNERS/INTERIOR DESIGNERS

THE PAINT WORKS CORPORATE CENTER
20 EAST CLIMONTON ROAD - SUITE 301S - GIBBSBORO, NJ, 08026
(609) 782-8108 - (215) 923-9157 - FAX (609) 782-8658



OPTIONAL ~~HABITABLE ATTIC~~ ELECTRICAL PLAN #2
SCALE: 1/8" = 1'-0"



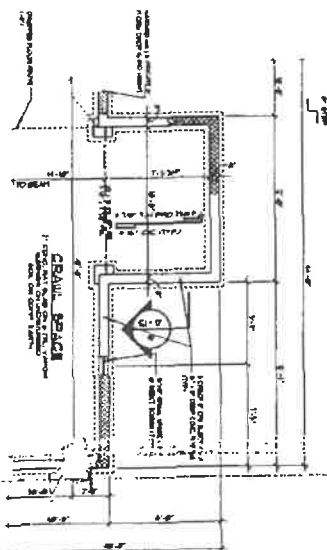
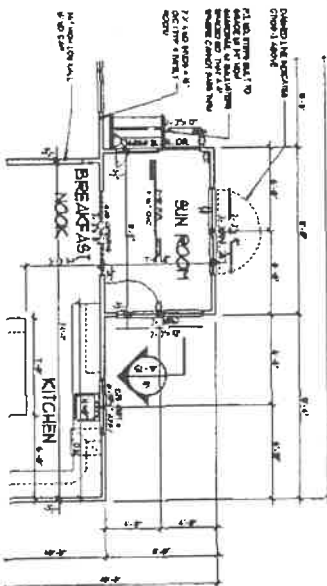
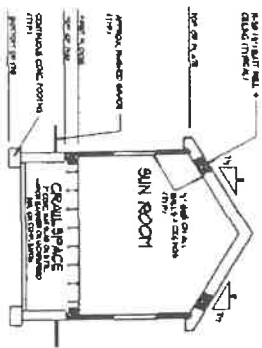
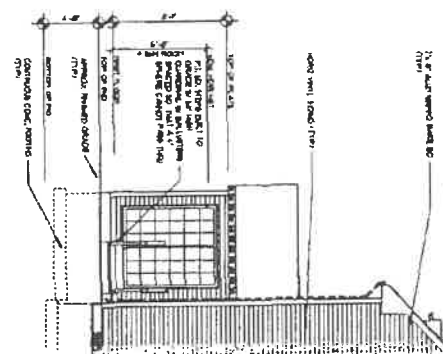
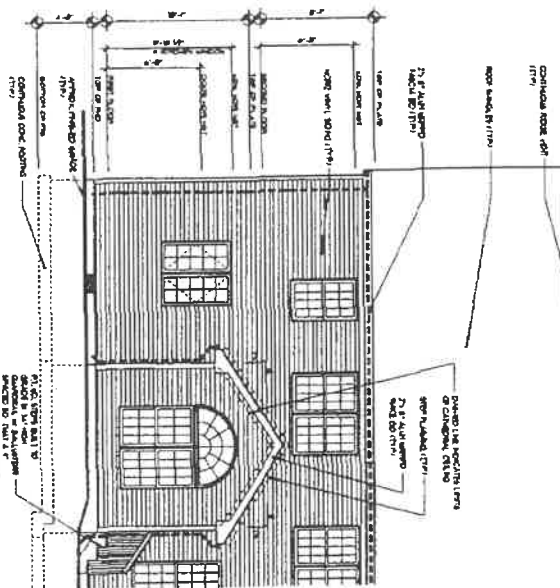
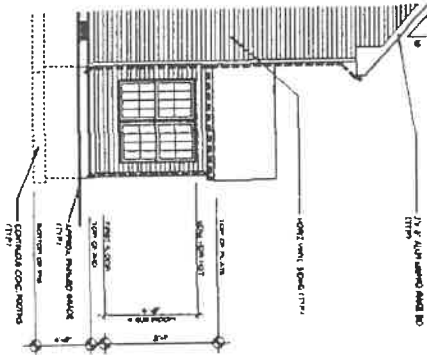
OPTIONAL HABITABLE ATTIC ELECTRICAL PLAN #1
SCALE: 1/8" = 1'-0"

PROJECT NO.		DATE	BY
OPTIONAL HABITABLE ATTIC ELEC. PLANS		10/1/93	FEINBERG
REV. NO.		DATE	BY
A-12		10/1/93	FEINBERG
SCALE		AS NOTED	

CORTONA
@ TOSCANA
FOR
M. RIEDER DEVELOPMENT CO.

FEINBERG & ASSOCIATES P.C.
ARCHITECTS/PLANNERS/INTERIOR DESIGNERS

THE PARRY HOUSE CORPORATE CENTER
20 EAST CLARKSON ROAD - SUITE 3035 - GLENBORO, N.J. 08029
(609) 762-0106 - (215) 823-0157 - FAX (609) 762-0656



CORTONA
@ TOSCANA
 FOR
M. REEDER DEVELOPMENT CO.

FEINBERG & ASSOCIATES P.C.
 ARCHITECTS/PLANNERS/INTERIOR DESIGNERS

THE PANT WOODS ESTATE
 20 EAST CLEVELAND ROAD - SUITE 305 - GLENBORO, RI 02883
 (866) 787-6100 - (254) 825-8157 - FAX (864) 782-8638

DATE: 10/1/03
BY: J. FEINBERG
FOR: M. REEDER DEVELOPMENT CO.

NO.	DATE	REVISION	DESCRIPTION
1	10/1/03		ISSUE FOR PERMITTING

6 OPT. FEATURE WDN
A-14 SCALE: 1/4" = 1'-0"

5 RIGHT ELEVATION
A-14 SCALE: 1/4" = 1'-0"

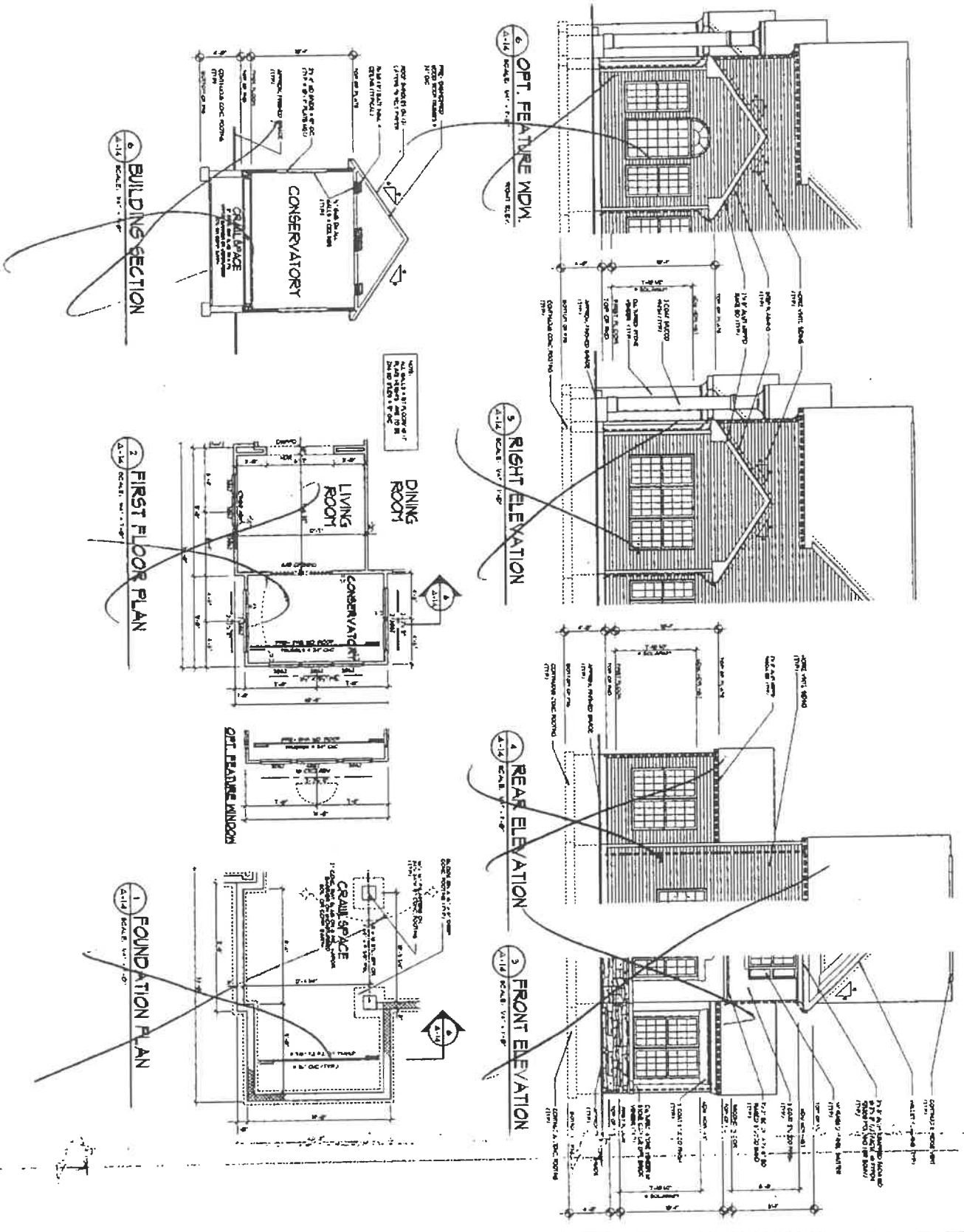
4 REAR ELEVATION
A-14 SCALE: 1/4" = 1'-0"

3 FRONT ELEVATION
A-14 SCALE: 1/4" = 1'-0"

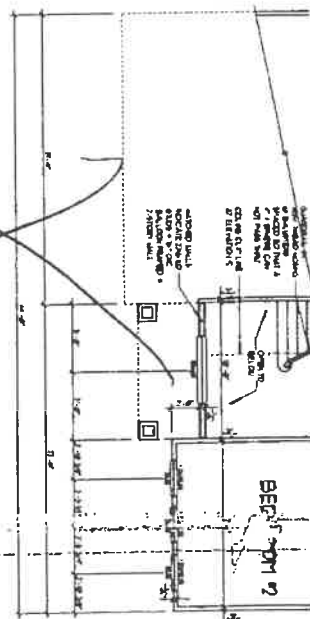
6 BUILDING SECTION
A-14 SCALE: 1/4" = 1'-0"

2 FIRST FLOOR PLAN
A-14 SCALE: 1/4" = 1'-0"

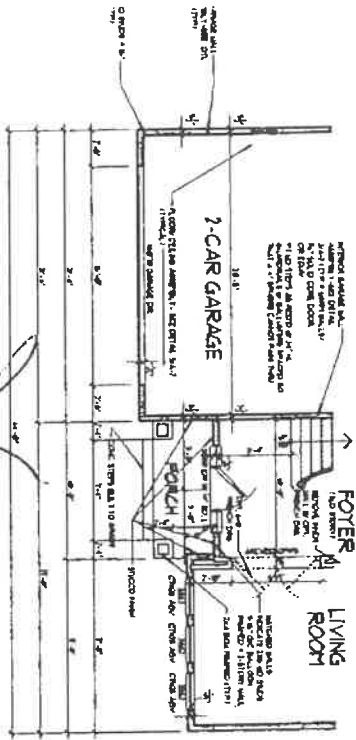
1 FOUNDATION PLAN
A-14 SCALE: 1/4" = 1'-0"



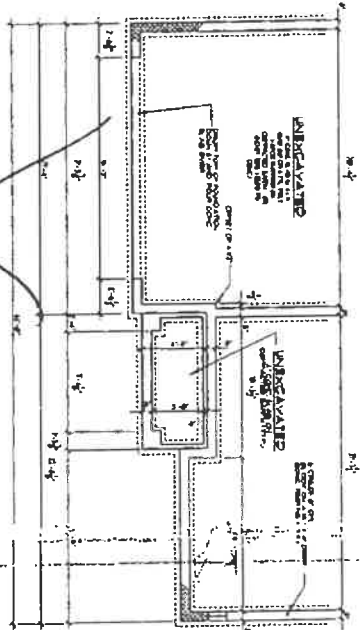
CORTONA @ TOSCANA FOR M. RIEDER DEVELOPMENT CO.		FEINBERG & ASSOCIATES P.C. ARCHITECTS/PLANNERS/INTERIOR DESIGNERS THE PACTI WORLD CORPORATE CENTER 30 EAST CLAMOROTH ROAD • SUITE 2015 • CHANDLER, AZ 85008 (480) 792-6900 • (215) 962-9167 • FAX (480) 792-6906	
PROJECT NO. 0104 DATE: 01/01/01 DRAWN BY: J. RIEDER CHECKED BY: J. RIEDER SCALE: AS NOTED		SHEET NO. 0104 OF 0104 A-14	



3 PART. SECOND FLOOR PLAN
ELEV 13

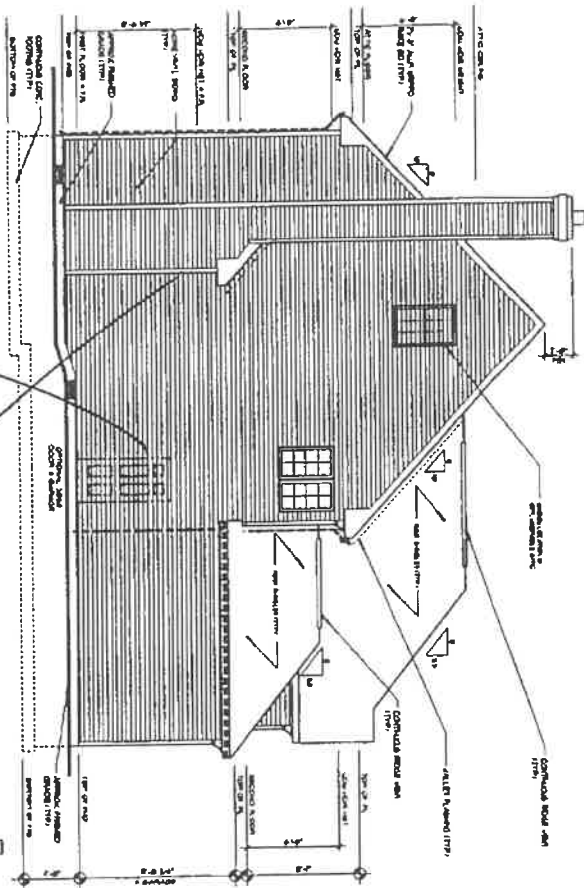


2 PART. FIRST FLOOR PLAN
ELEV 13

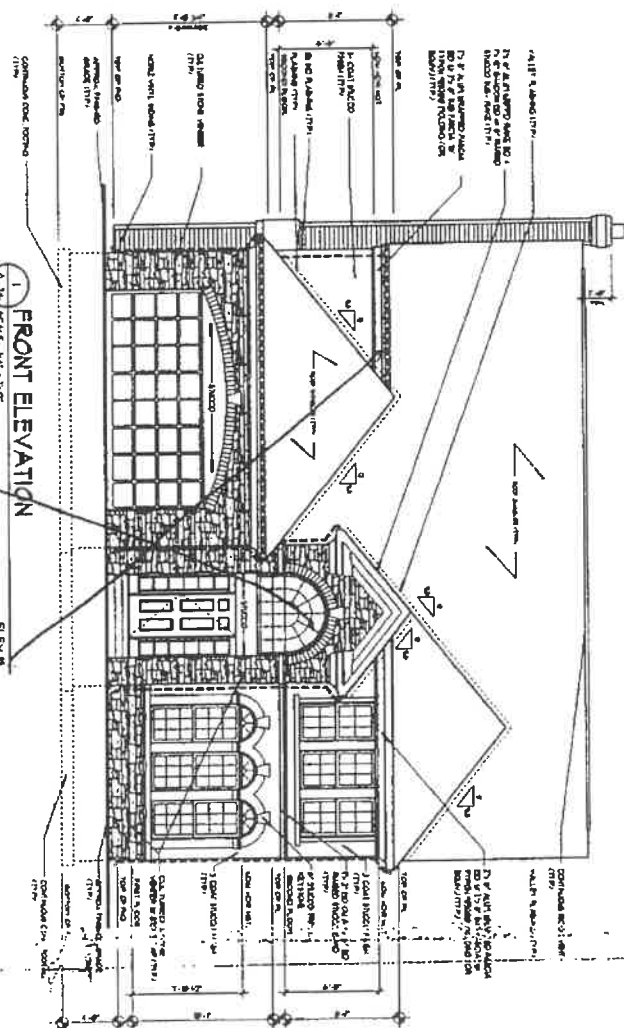


1 PART. FOUNDATION PLAN
ELEV 13

CORTONA @ TOSCANA FOR M. RIEDEK DEVELOPMENT CO.		FEINBERG & ASSOCIATES P.C. ARCHITECTS/PLANNERS/INTERIOR DESIGNERS THE PARTY HOUSE CORPORATE CENTER 28 EAST CLEVELAND ROAD - SUITE 3015 - CLEVELAND, OH. 44115 (204) 792-0100 - (215) 862-9157 - FAX (204) 792-8868	
PROJECT NO. 1000000000 DATE 10/1/93 DRAWN BY J. FEINBERG CHECKED BY J. FEINBERG IN CHARGE BY J. FEINBERG		SHEET NO. A-15 TOTAL SHEETS 15	



2 LEFT ELEVATION



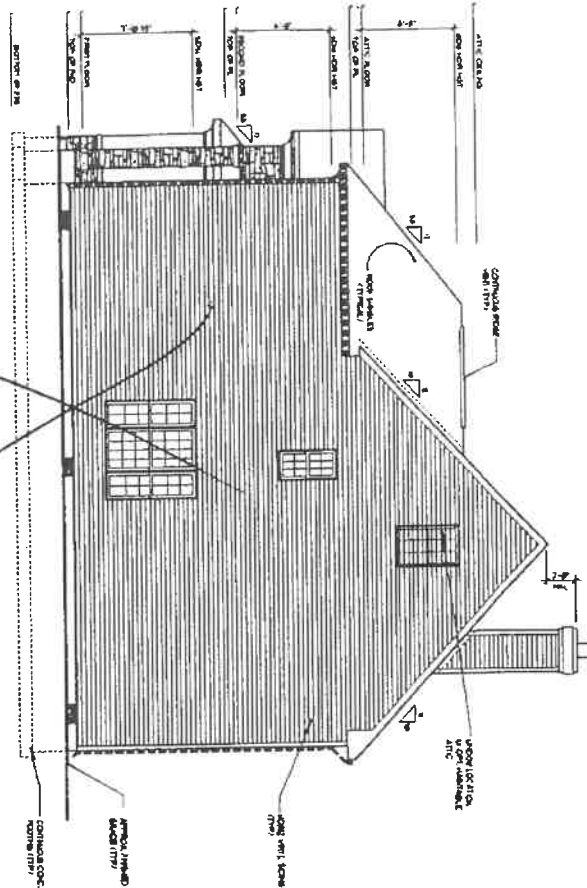
1 FRONT ELEVATION

REVISIONS		DATE	BY	DESCRIPTION
1	REVISED	10/1/88	J.F.	FINAL
2	REVISED	10/1/88	J.F.	FINAL
3	REVISED	10/1/88	J.F.	FINAL
4	REVISED	10/1/88	J.F.	FINAL
5	REVISED	10/1/88	J.F.	FINAL
6	REVISED	10/1/88	J.F.	FINAL
7	REVISED	10/1/88	J.F.	FINAL
8	REVISED	10/1/88	J.F.	FINAL
9	REVISED	10/1/88	J.F.	FINAL
10	REVISED	10/1/88	J.F.	FINAL

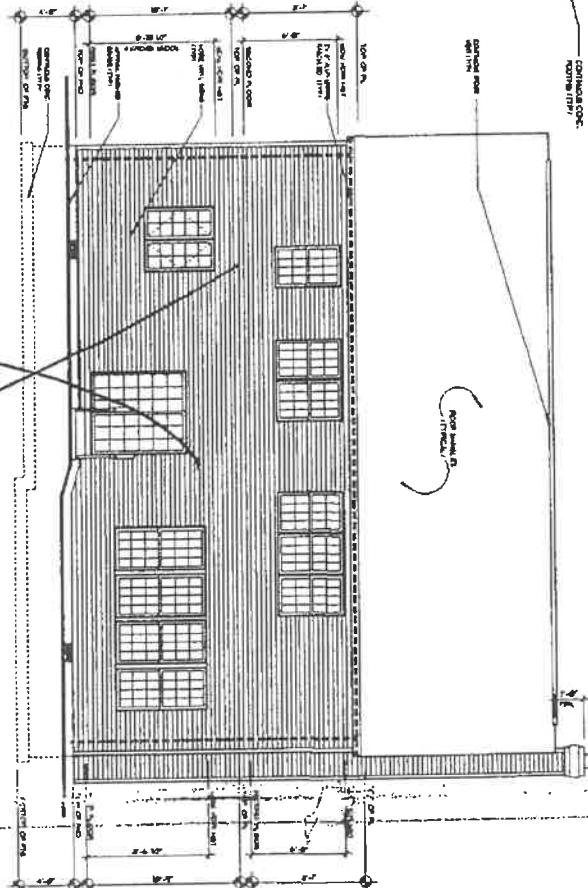
CORTONA
@ TOSCANA
FOR
M. RIEDER DEVELOPMENT CO.

FEINBERG & ASSOCIATES P.C.
ARCHITECTS/PLANNERS/INTERIOR DESIGNERS
FOR PLANT, POWER & INDUSTRIAL
30 EAST KENNEDY ROAD - SUITE 201 - CHICAGO, IL 60604
(312) 467-1100 - (312) 467-1101 - (312) 467-1102 - (312) 467-1103

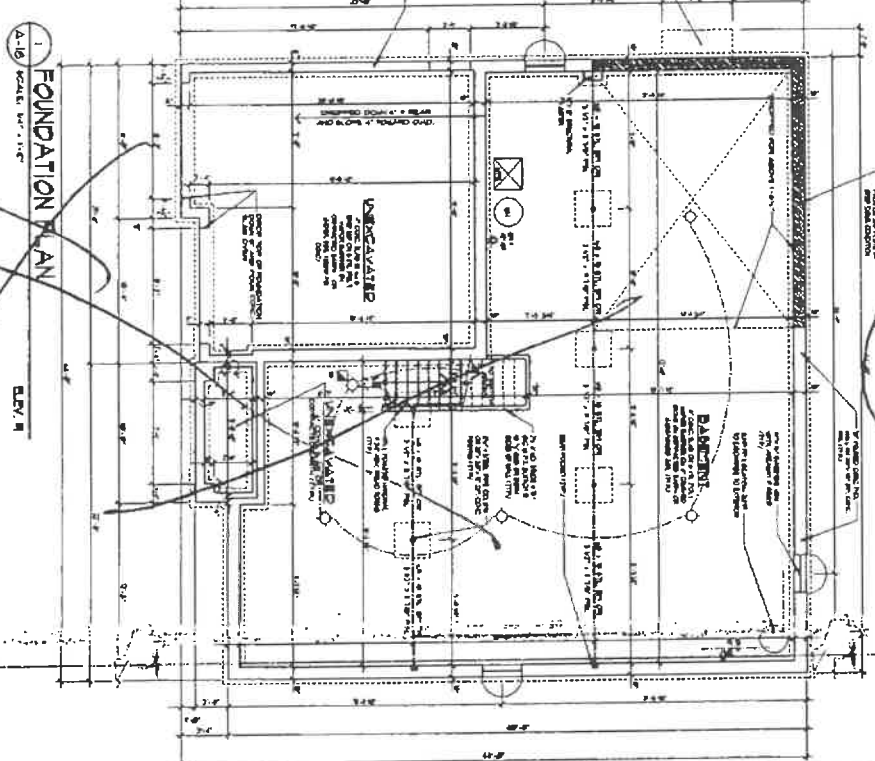
2 RIGHT ELEVATION ELEVATION #3
A-17 SCALE: 1/8" = 1'-0"



1 REAR ELEVATION ELEVATION #3
A-17 SCALE: 1/8" = 1'-0"



CORTONA @ TOSCANA FOR M. RIEBER DEVELOPMENT CO.		FEINBERG & ASSOCIATES P.C. ARCHITECTS/PLANNERS/INTERIOR DESIGNERS THE PAINT WORKS CORPORATE CENTER 20 EAST CLEVELAND ROAD - SUITE 2015 - CLEVELAND, OH 44115 (216) 792-9180 - (216) 625-9157 - FAX (216) 792-0004	
SHEET NO. A-17	DATE 10/1/93	PROJECT NO. 93-0145	CLIENT M. RIEBER DEVELOPMENT CO. 10000 W. 100th St. Overland Park, KS 66111

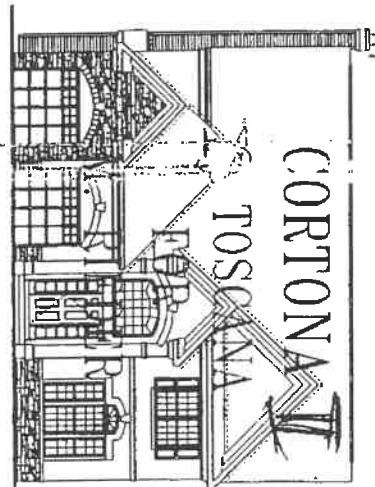


DATE 11/11/11		BY [Signature]		DATE 11/11/11		BY [Signature]		DATE 11/11/11		BY [Signature]	
PROJECT [Blank]		CLIENT [Blank]		PROJECT [Blank]		CLIENT [Blank]		PROJECT [Blank]		CLIENT [Blank]	
DESCRIPTION [Blank]		DESCRIPTION [Blank]		DESCRIPTION [Blank]		DESCRIPTION [Blank]		DESCRIPTION [Blank]		DESCRIPTION [Blank]	
REVISIONS [Blank]		REVISIONS [Blank]		REVISIONS [Blank]		REVISIONS [Blank]		REVISIONS [Blank]		REVISIONS [Blank]	

CORTONA
@ TOSCANA
FOR
M. RIEDER DEVELOPMENT CO.

FEINBERG & ASSOCIATES P.C.
ARCHITECTS/PLANNERS/INTERIOR DESIGNERS
THE PLANT INDEX CREATIVITY CENTER
70 EAST CLUMPTON ROAD - SUITE 3015 - CHICAGO, IL 60608
(800) 782-0100 - (312) 922-8157 - FAX (800) 782-8650

Unit 53
 344 138.04
 Lot 11
 3 Type 4.



MATERIAL SYMBOLS

0001	0002	0003	0004
0005	0006	0007	0008
0009	0010	0011	0012
0013	0014	0015	0016
0017	0018	0019	0020
0021	0022	0023	0024
0025	0026	0027	0028
0029	0030	0031	0032
0033	0034	0035	0036
0037	0038	0039	0040
0041	0042	0043	0044
0045	0046	0047	0048
0049	0050	0051	0052
0053	0054	0055	0056
0057	0058	0059	0060
0061	0062	0063	0064
0065	0066	0067	0068
0069	0070	0071	0072
0073	0074	0075	0076
0077	0078	0079	0080
0081	0082	0083	0084
0085	0086	0087	0088
0089	0090	0091	0092
0093	0094	0095	0096
0097	0098	0099	0100

DESIGNATIONS

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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ABBREVIATIONS

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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CLIENT: M. RIEDER DEVELOPMENT CO.
 ARCHITECTS: FEINBERG & ASSOCIATES
 50 EAST CLEMENTON ROAD
 CLIFTON, N.J. 08024
 (856) 782-0100

CODE CONFORMANCE NOTES

2000 I.R.C. - NJ VERSION
 2002 NATIONAL ELECTRIC CODE
 2000 NATIONAL STANDARD PLUMBING CODE
 2000 INTERNATIONAL MECHANICAL CODE
 1995 CIBO MODEL ENERGY CODE
 2000 INTERNATIONAL FUEL GAS CODE

AREA and VOLUME CALCULATIONS

GRADE SPACE	1383.76 SF
FIRST FLOOR	1383.76 SF
SECOND FLOOR	1763 SF
TOTAL AREA	2646 SF
GRADE	443.68 SF
STD. UNFINISHED ATTIC (10'1"4" PLATE HG.)	
3RD SF - (ACTUAL) 2ND SF	
OPT. HABITABLE ATTIC (10'1"4" PLATE HG.)	
413 SF - (ACTUAL) 413 SF	
TOTAL VOLUME	41022.84 CF

INDEX OF DRAWINGS

TS	TITLE SHEET
04	GENERAL NOTES / SPECIFICATIONS
2.1	BASEMENT / FOUNDATION PLANS
2.2	FIRST FLOOR PLANS
2.3	SECOND FLOOR PLANS & STD. UNFINISHED ATTIC PLAN
2.3A	OPT. HABITABLE ATTIC PLANS
2.3B	OPT. 11. BEDROOM SITTING ROOM PLAN
2.4	FRONT/REAR ELEVATION 1
2.5	REAR/RIGHT ELEVATION 1
2.6	FRONT/LEFT ELEVATION 2
2.7	REAR/RIGHT ELEVATION 2
2.8	BUILDING SECTION
2.9	FLOOR FINISHING PLANS
2.10	ROOF FINISHING PLANS
2.11	FIRST / SECOND FLOOR ELECTRICAL PLANS
2.12	OPT. HABITABLE ATTIC ELECTRICAL PLANS
2.13	OPTIONAL SANITATION PLANS & ELEVATIONS
2.14	OPTIONAL CONSERVATION PLANS & ELEVATIONS
2.15	OPT. ELEVATION 2 FRONT & LEFT ELEVATIONS
2.16	OPT. ELEVATION 2 FRONT & LEFT ELEVATIONS
2.17	OPT. ELEVATION 2 FRONT & REAR ELEVATIONS
2.18	OPT. BASEMENT PLANS

FEINBERG & ASSOCIATES P.C.
 ARCHITECTS/PLANNERS/INTERIOR DESIGNERS
 THE FIRST FLOOR CORPORATE CENTER
 50 EAST CLEMENTON ROAD - SUITE 2015 - CLIFTON, NJ 08024
 (856) 782-0100 - (215) 863-6167 - FAX (848) 782-0064

CORTONA
 @ TOSCANA
 FOR
 M. RIEDER DEVELOPMENT CO.

DATE	10/10/04
BY	TS-1
PROJECT	10/10/04
REVISION	10/10/04
DESCRIPTION	10/10/04
DATE	10/10/04
BY	TS-1
PROJECT	10/10/04
REVISION	10/10/04
DESCRIPTION	10/10/04

ALL NOTES AND SPECIFICATION FOR REINFORCED
CONCRETE CONSTRUCTION

2025-2026

of specialized studies and the lack of a specific survey instrument for studying the effects of the environment on the health of the elderly. Consequently, we used the 1991 census questionnaire, which included questions on the health of the elderly, to determine the prevalence of the syndrome in the elderly in the city.

Results and discussion are by gender, age group, 15 specific variables and by residence in the city of Lima. The results are presented in four tables. Table 1 shows the prevalence of the syndrome by gender, age group and residence in the city of Lima. Table 2 shows the prevalence of the syndrome by residence in the city of Lima. Table 3 shows the prevalence of the syndrome by age group. Table 4 shows the prevalence of the syndrome by gender, age group and residence in the city of Lima.

Table 1 shows the prevalence of the syndrome by gender, age group and residence in the city of Lima. The prevalence of the syndrome was higher in women than in men, and higher in the elderly than in the young. The prevalence of the syndrome was higher in the elderly than in the young, and higher in the elderly than in the young.

Table 2 shows the prevalence of the syndrome by residence in the city of Lima. The prevalence of the syndrome was higher in the elderly than in the young, and higher in the elderly than in the young.

Table 3 shows the prevalence of the syndrome by age group. The prevalence of the syndrome was higher in the elderly than in the young, and higher in the elderly than in the young.

Table 4 shows the prevalence of the syndrome by gender, age group and residence in the city of Lima. The prevalence of the syndrome was higher in women than in men, and higher in the elderly than in the young. The prevalence of the syndrome was higher in the elderly than in the young, and higher in the elderly than in the young.

The American Lung Association's 2001 study of physicians' attitudes toward smoking cessation treatment revealed that 60 percent of physicians recommended a nicotine replacement product to their patients. However, only 10 percent of physicians recommended a nicotine replacement product to their patients. The study also found that 60 percent of physicians recommended a nicotine replacement product to their patients.

Executive Order 11808, and the resulting "Executive Order 11808 Repeal Act" (H.R. 1000), which would repeal Executive Order 11808. The House bill, the "Executive Order 11808 Repeal Act," was passed by the House on November 1, 1993, and the Senate passed the bill on November 1, 1993. The bill was signed into law by President Clinton on November 1, 1993.

A study of the effects of the number of species in the diet on the growth of the young of the European plaice, *Pleuronectes platessa*, was carried out in the Dutch part of the North Sea. The results of the experiment are compared with the results of a similar experiment in the Chesapeake Bay, USA, in which the growth of the young of the Atlantic croaker, *Genyonchaes opus*, was studied. The growth of the young of the European plaice was not affected by the number of species in the diet, but was affected by the species composition of the diet. The growth of the young of the Atlantic croaker was not affected by the number of species in the diet, but was affected by the species composition of the diet. The results of the experiment are compared with the results of a similar experiment in the Chesapeake Bay, USA, in which the growth of the young of the Atlantic croaker, *Genyonchaes opus*, was studied.

The Committee said that "although not every system necessarily is as well designed as the one approved, the US proposal is the most effective way to ensure that the US and its allies are not put at a competitive disadvantage in the global market for information technology." It said that the US proposal would "enable the United States to remain competitive in the global market for information technology, while ensuring that the US government and its allies are not put at a competitive disadvantage."

1. *Administrative*, dealing with *Internal and External* relations, *Personnel* and *Finance* and *Accounting* departments. The *Administrative* department is responsible for the *Internal and External* relations of the company, for the *Personnel* and *Finance* and *Accounting* departments. The *Administrative* department is responsible for the *Internal and External* relations of the company, for the *Personnel* and *Finance* and *Accounting* departments.

^a Data are from the 1980 census; the 1970 census was used for the 1960-1970 period.

There is a significant positive relationship between the number of days of exposure to a natural disaster and the extent of the damage to the environment. The relationship is significant at the 1% level. The results suggest that the longer the exposure to a natural disaster, the more damage to the environment. This is consistent with the findings of other studies that have shown that the longer the exposure to a natural disaster, the more damage to the environment.

11a. The above three tests (permutation, the difference of the means and the difference of the variances) are not powerful enough to detect a difference in the variances of the two groups. The permutation test is the most powerful test for the difference of the means. The permutation test is the most powerful test for the difference of the means. The permutation test is the most powerful test for the difference of the means.

[illegible]

14. *Can you explain the difference between the two types of "bonds" that are used in the construction industry?*

15. *Can you explain the difference between the two types of "bonds" that are used in the construction industry?*

[illegible][illegible]

4. RELEVANT INFORMATION AND DISCUSSION

a. Background - The Bureau of Customs and Border Protection is the lead agency for the U.S. Customs and Border Protection (CBP) and is responsible for the collection of duties and taxes on imported goods and for the enforcement of the U.S. Customs and Border Protection (CBP) laws and regulations.

b. Relevant Information - The relevant information for this project is the information that is contained in the CBP's records and is used to determine the amount of duties and taxes that are payable on imported goods.

3. A. Because the defendant's liability for causing the injury to the plaintiff is not dependent upon the defendant's negligence, the defendant is liable for the injury.

of the other 17 physicians to ask and respond to the following questions:

1. How many of your patients are taking a statin?
2. How many of your patients are taking a statin and a beta-blocker?
3. How many of your patients are taking a statin, a beta-blocker, and a diuretic?
4. How many of your patients are taking a statin, a beta-blocker, a diuretic, and a nitrate?

Dr. Langer's study will be published separately, and Dr. Diamond's findings will appear in the *Journal of the American Medical Association*.

4140 2000 711
 4140 2000 711
 4140 2000 711

[illegible][illegible]

10. Which of the following is **not** a characteristic of the *Staphylococcus aureus* bacterium?

- It is a gram-negative bacterium.
- It is a facultative anaerobe.
- It is a coagulase-positive bacterium.
- It is a catalase-positive bacterium.
- It is a facultative aerobe.

Answer: A

Rationale: *Staphylococcus aureus* is a gram-positive, facultative anaerobic, coagulase-positive, catalase-positive bacterium. It is a facultative aerobe.

5. The experimental design in the case study is based on the following assumptions:
 - a. The study is designed to focus on the assessment of the impact of the proposed MSA (1993) on the environment.
 - b. The study is designed to focus on the assessment of the impact of the proposed MSA (1993) on the environment.
 - c. The study is designed to focus on the assessment of the impact of the proposed MSA (1993) on the environment.
6. The study is designed to focus on the assessment of the impact of the proposed MSA (1993) on the environment.
7. The study is designed to focus on the assessment of the impact of the proposed MSA (1993) on the environment.
8. The study is designed to focus on the assessment of the impact of the proposed MSA (1993) on the environment.
9. The study is designed to focus on the assessment of the impact of the proposed MSA (1993) on the environment.
10. The study is designed to focus on the assessment of the impact of the proposed MSA (1993) on the environment.

the study, but it is unclear how and whether these findings are applicable to other populations. The authors conclude that the results of this study suggest that the use of a single, standardized, self-report measure of anxiety, such as the GAD-7, may not be sufficient to identify all individuals with anxiety disorders. The authors recommend that future research should include a comprehensive assessment of anxiety disorders, including clinical interviews and standardized measures of anxiety, to better understand the prevalence and risk factors for anxiety disorders.

1. **INTERVIEW AND OBSERVATION PROTOCOL**

[illegible]

13. The evidence bearing on it is not as self-denying as it might seem. It is not a case of a man who has been convicted of a crime and is now being offered a pardon. It is a case of a man who has been convicted of a crime and is now being offered a pardon. It is a case of a man who has been convicted of a crime and is now being offered a pardon.

[illegible]

The following table shows the number of days that these employees have been required to spend in the hospital, and the percentage of employees who have been hospitalized for more than 10 days. The data are reported by the 10 largest employers in each industry. The number of employees in each industry is shown in parentheses. The number of employees who have been hospitalized for more than 10 days is shown in parentheses. The number of employees who have been hospitalized for more than 10 days is shown in parentheses.

[illegible][illegible][illegible]

As a result of the above, it is recommended that the following be done:

1. The Department of Health and Human Services should be notified of the above information and requested to take appropriate action.
2. The Department of Health and Human Services should be notified of the above information and requested to take appropriate action.
3. The Department of Health and Human Services should be notified of the above information and requested to take appropriate action.

[illegible][illegible]

64. The authors were not aware of any published literature on the use of a 100% alcohol solution for the treatment of the skin. The authors were not aware of any published literature on the use of a 100% alcohol solution for the treatment of the skin.

Dr. Robert L. Taylor
400 North Main Street
St. Paul, MN 55101

14. Comments and provide 10 lines "MATERIALS" is a comprehensive resource for teachers and students alike. It contains a wealth of information on a wide range of materials, from metals to polymers, and is presented in a clear and concise manner. The book is well-organized and easy to navigate, making it a valuable reference tool for anyone interested in materials science. The authors have done a great job of providing a thorough overview of the field, and the book is a must-read for anyone in the field.

42. *See* also *United States v. Galt*, 199 F.2d 1001, 1002 (9th Cir. 1956), *cert. denied*, 354 U.S. 923, 17-18 (1957), *aff'd*, 354 U.S. 923, 17-18 (1957).

[illegible][illegible]

13. The following is the list of personnel and subject information for the study. The names of the subjects are listed in the order in which they were interviewed. The names of the subjects are listed in the order in which they were interviewed. The names of the subjects are listed in the order in which they were interviewed.

Q 1. Are the following words from columns a and b synonyms or antonyms? Write *syn* or *ant* in the space provided.

CORTONA @ TOSCANA FOR M. RIEDER DEVELOPMENT CO.		FEINBERG & ASSOCIATES P.C. ARCHITECTS/PLANNERS/INTERIOR DESIGNERS THE PACT WORKS CORPORATE CENTER 30 EAST CLEVELAND BOULEVARD - SUITE 3010 - GLENBORO, N.J. 08035 (201) 762-4100 • (212) 942-9137 • FAX (201) 762-9058	
1. PROJECT NAME: CORTONA @ TOSCANA 2. PROJECT ADDRESS: 10000 ROUTE 100, SUITE 100, GLENBORO, N.J. 08035 3. PROJECT TYPE: COMMERCIAL 4. PROJECT STATUS: IN PROGRESS 5. PROJECT START DATE: 01/01/00 6. PROJECT END DATE: 12/31/00 7. PROJECT BUDGET: \$1,000,000 8. PROJECT OWNER: M. RIEDER DEVELOPMENT CO. 9. PROJECT ARCHITECT: FEINBERG & ASSOCIATES P.C. 10. PROJECT PLANNER: FEINBERG & ASSOCIATES P.C. 11. PROJECT INTERIOR DESIGNER: FEINBERG & ASSOCIATES P.C. 12. PROJECT LANDSCAPE ARCHITECT: FEINBERG & ASSOCIATES P.C. 13. PROJECT ENGINEER: FEINBERG & ASSOCIATES P.C. 14. PROJECT SPECIALIST: FEINBERG & ASSOCIATES P.C. 15. PROJECT CONSULTANT: FEINBERG & ASSOCIATES P.C. 16. PROJECT GENERAL CONTRACTOR: FEINBERG & ASSOCIATES P.C. 17. PROJECT SUBCONTRACTOR: FEINBERG & ASSOCIATES P.C. 18. PROJECT VENDOR: FEINBERG & ASSOCIATES P.C. 19. PROJECT MANUFACTURER: FEINBERG & ASSOCIATES P.C. 20. PROJECT DISTRIBUTOR: FEINBERG & ASSOCIATES P.C. 21. PROJECT RETAILER: FEINBERG & ASSOCIATES P.C. 22. PROJECT WHOLESALE: FEINBERG & ASSOCIATES P.C. 23. PROJECT EXPORT: FEINBERG & ASSOCIATES P.C. 24. PROJECT IMPORT: FEINBERG & ASSOCIATES P.C. 25. PROJECT OTHER: FEINBERG & ASSOCIATES P.C.		1. PROJECT NAME: CORTONA @ TOSCANA 2. PROJECT ADDRESS: 10000 ROUTE 100, SUITE 100, GLENBORO, N.J. 08035 3. PROJECT TYPE: COMMERCIAL 4. PROJECT STATUS: IN PROGRESS 5. PROJECT START DATE: 01/01/00 6. PROJECT END DATE: 12/31/00 7. PROJECT BUDGET: \$1,000,000 8. PROJECT OWNER: M. RIEDER DEVELOPMENT CO. 9. PROJECT ARCHITECT: FEINBERG & ASSOCIATES P.C. 10. PROJECT PLANNER: FEINBERG & ASSOCIATES P.C. 11. PROJECT INTERIOR DESIGNER: FEINBERG & ASSOCIATES P.C. 12. PROJECT LANDSCAPE ARCHITECT: FEINBERG & ASSOCIATES P.C. 13. PROJECT ENGINEER: FEINBERG & ASSOCIATES P.C. 14. PROJECT SPECIALIST: FEINBERG & ASSOCIATES P.C. 15. PROJECT CONSULTANT: FEINBERG & ASSOCIATES P.C. 16. PROJECT GENERAL CONTRACTOR: FEINBERG & ASSOCIATES P.C. 17. PROJECT SUBCONTRACTOR: FEINBERG & ASSOCIATES P.C. 18. PROJECT VENDOR: FEINBERG & ASSOCIATES P.C. 19. PROJECT MANUFACTURER: FEINBERG & ASSOCIATES P.C. 20. PROJECT DISTRIBUTOR: FEINBERG & ASSOCIATES P.C. 21. PROJECT RETAILER: FEINBERG & ASSOCIATES P.C. 22. PROJECT WHOLESALE: FEINBERG & ASSOCIATES P.C. 23. PROJECT EXPORT: FEINBERG & ASSOCIATES P.C. 24. PROJECT IMPORT: FEINBERG & ASSOCIATES P.C. 25. PROJECT OTHER: FEINBERG & ASSOCIATES P.C.	

3
A-1 CMU PLASTER DETAIL
NOT TO SCALE

2 FOUNDATION PLAN
A-1 SCALE: 1/4" = 1'-0"

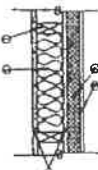
1
FOUNDATION PLAN
SCALE: 1/8" = 1'-0"

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 5	
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CORTONA
@ TOSCANA
FOR
N. RIEDER DEVELOPMENT CO.

FEINBERG & ASSOCIATES P.C.
ARCHITECTS/PLANNERS/INTERIOR DESIGNERS

THE PANTY WORKER CORPORATE CENTER
70 EAST CLEMENTON ROAD - SUITE 2019 - GIBBSBORO, NJ. 08028
(609) 792-8100 - (815) 823-8157 - FAX (609) 792-8056



1. FIRE RATED WALL ASSEMBLY
 A. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 B. 4" MIN. CONCRETE OR CMU (12" MIN. THICK)
 C. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 D. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 E. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 F. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 G. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 H. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 I. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 J. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 K. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 L. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 M. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 N. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 O. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 P. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 Q. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 R. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 S. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 T. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 U. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 V. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 W. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 X. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 Y. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE
 Z. 1/2" GYPSUM BOARD (5/8" THICK) ON EACH SIDE OF 2" MIN. AIR SPACE

2. FIRE RATED WALL ASSEMBLY

3. GARAGE GIRDER ASSEMBLY

4. GARAGE FLOOR / CEILING ASSEMBLY

5. GARAGE EXTERIOR WALL ASSEMBLY

6. GARAGE EXTERIOR WALL ASSEMBLY

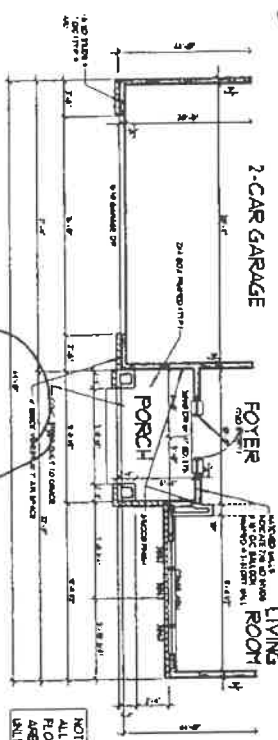
7. GARAGE INTERIOR WALL ASSEMBLY

8. HANDRAIL DTL

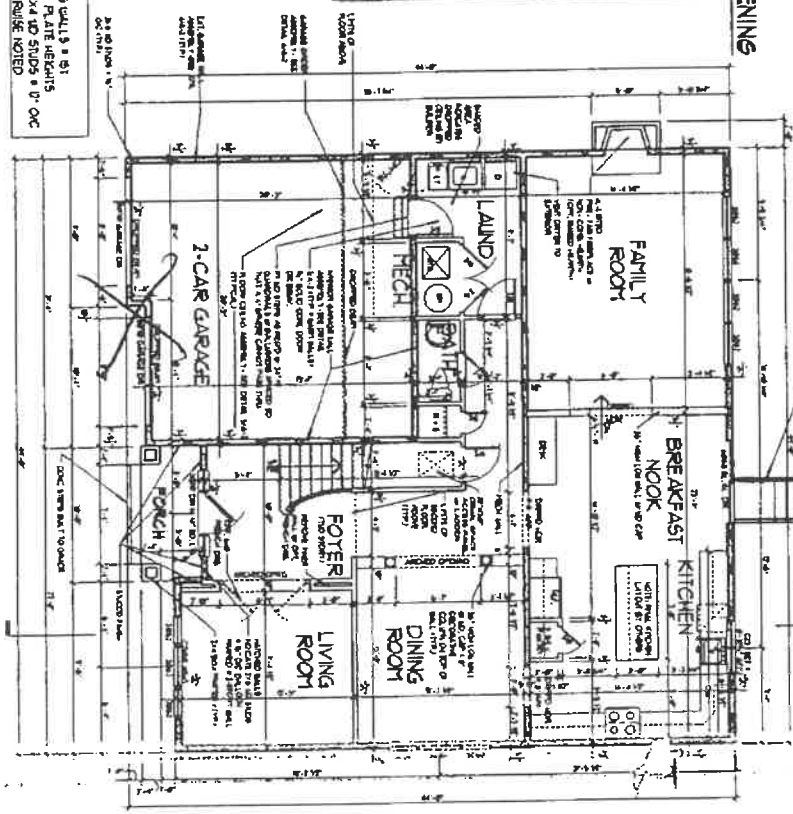
9. TYP. DTL. OF ARCHED OPENING

10. OPT. BLDR ARCHED OPNG

11. OPT. DINING RM ANGLE BAY



1. FIRST FLOOR PLAN



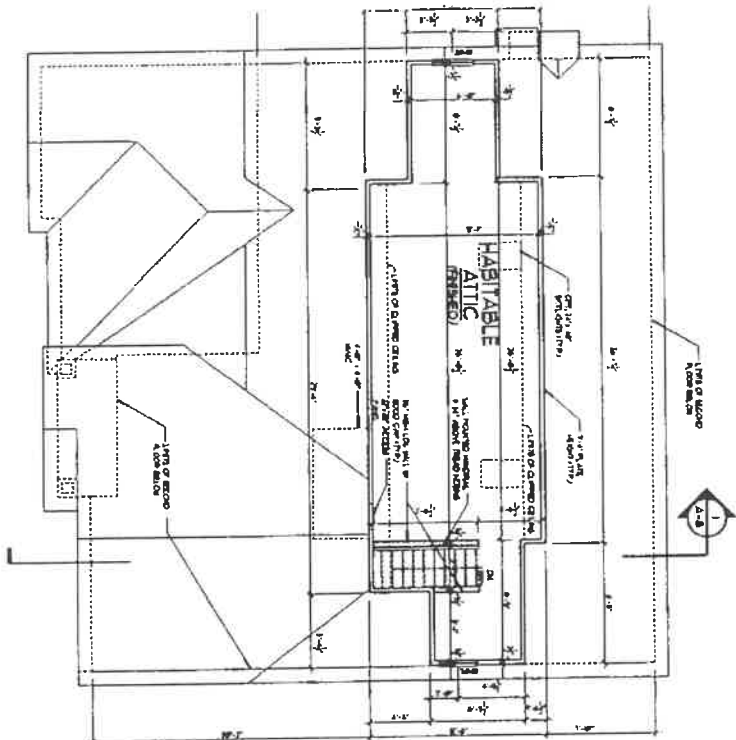
1. FIRST FLOOR PLAN

REVISIONS	
NO.	DESCRIPTION
1	ISSUED FOR PERMIT
2	ISSUED FOR CONSTRUCTION
3	ISSUED FOR CONSTRUCTION
4	ISSUED FOR CONSTRUCTION
5	ISSUED FOR CONSTRUCTION
6	ISSUED FOR CONSTRUCTION
7	ISSUED FOR CONSTRUCTION
8	ISSUED FOR CONSTRUCTION
9	ISSUED FOR CONSTRUCTION
10	ISSUED FOR CONSTRUCTION

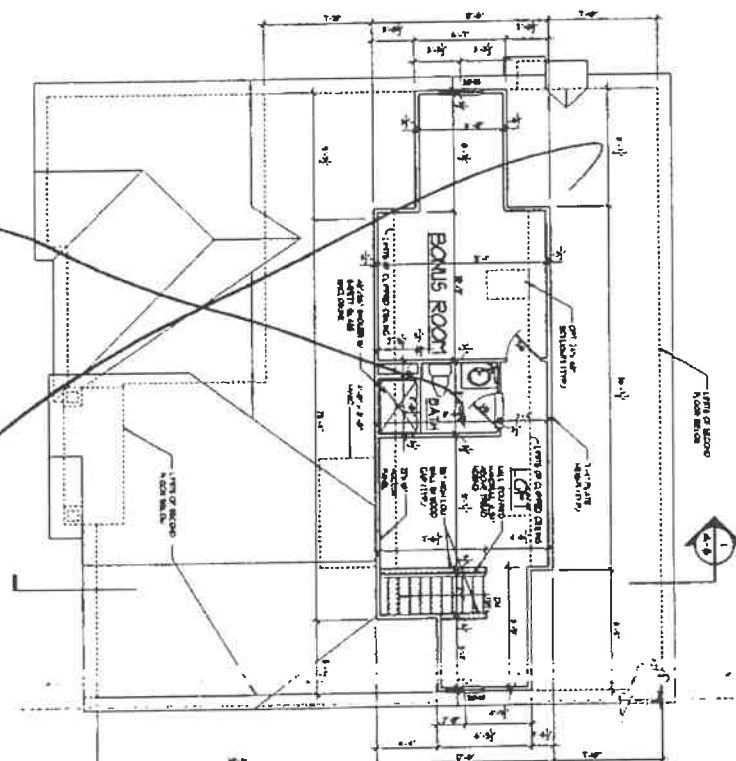
CORTONA
 @ TOSCANA
 FOR
 M. RIEDER DEVELOPMENT CO.

FEINBERG & ASSOCIATES P.C.
 ARCHITECTS/PLANNERS/INTERIOR DESIGNERS
 THE PLATY WOOD CORPORATE CENTER
 20 EAST CLIFTON BLVD. - SUITE 200 - CHICAGO, IL 60604
 (312) 462-8100 - (312) 462-8101 - FAX (312) 462-8102

[illegible]



OPTIONAL HABITABLE ATTIC #1
 (413 SF @ 7'-4" PLATE HGT)
 (413 SF ACTUAL)



OPTIONAL HABITABLE ATTIC #2
 (413 SF @ 7'-4" PLATE HGT)
 (413 SF ACTUAL)

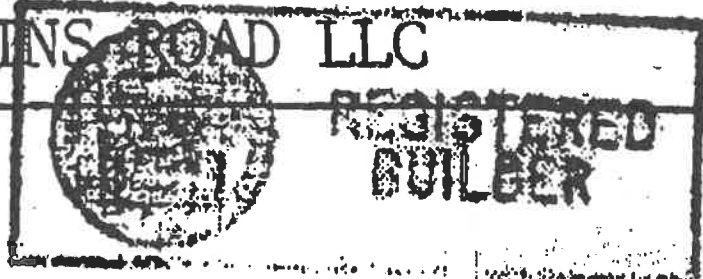
CORTONA @ TOSCANA FOR M. RIEDER DEVELOPMENT CO.		FEINBERG & ASSOCIATES P.C. ARCHITECTS/PLANNERS/INTERIOR DESIGNERS THE PLANT WORLD CORPORATE CENTER 20111 LEE CLAYTON ROAD - SUITE 3013 - CHESAIRE, NJ 08026 (609) 762-6100 - (215) 882-0157 - FAX (609) 762-8854	
PROJECT NO. 1000-000000 DATE 10/1/00 DRAWN BY J. FEINBERG CHECKED BY J. FEINBERG APPROVED BY J. FEINBERG		SHEET NO. 1000-000000 TOTAL SHEETS 1000-000000 SCALE 1/8" = 1'-0"	

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
Division of Codes and Standards
New Home Warranty Program

This is to certify that

MRC AT FORT PLAINS ROAD LLC

is a registered builder under
the New Home Warranty and
Builder Registration Act,
(N.J.S.A. 46:38.1 et. seq.)



(This registration expires on the date stamped.)

William M. Connelly
Director

030744 NOV 30 2003



State of New Jersey
Department of Community Affairs
 Division of Codes and Standards
 Bureau of Homeowner Protection
 PO Box 805
 Trenton, New Jersey 08625-0805



If at any time a material fact changes in your registration application (i.e. Address, phone number, principals/officers, name of business) you are required to file an amended application with this Bureau within 30 days of that change.

As set forth in N.J.A.C. 5:25-2.5(b)(4) a Certificate of Builder Registration may be suspended if material changes in the most recent builder registration or amendment thereto is not reported within 30 days of the change. In accordance with N.J.A.C. 5:25 - 2.6 any builder who fails to file an amended application shall be subject to an administrative penalty levied by the Bureau of Homeowner Protection and collected in accordance with the Penalty Enforcement Law.

If you have provided warranties to homes which are in the first two (2) years of coverage, you must maintain a current registration for that period of warranty coverage.

Renewal forms are sent as a courtesy. However it is the builder's responsibility to maintain current registration status. If you have not received your renewal application at least four weeks before the expiration date stamped on your card call this office immediately.

Should you have any questions, you may call:

(609) 984-7534

or

(609) 984-7563

or

(609) 633-6417

FEINBERG & ASSOCIATES P.C.

ARCHITECTURE / SITE DESIGN / INTERIOR DESIGN

May 24, 2004

Mr. Robert Poles
M. Rieder Companies
127 White Oak Lane
Old Bridge, NJ 08857

Re: Prototype Letter
Unit No: 53, Lot 11 Block 138.09
Toscana, Cortona II
Architect's Project No: 00442

Dear Robert,

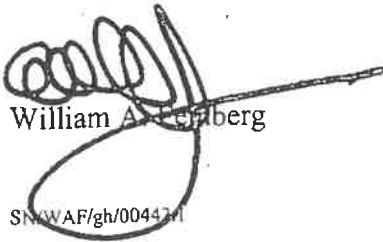
This project will be a Cortona II, with an unfinished attic. Total house square footage will be 3026 SF, total cubic footage 47,055.04 CF. This house is approved for prototype as listed above.

Should you have any questions or comments in regard to this matter, please do not hesitate to contact my office.

Sincerely,



Scott Nehring



William A. Feinberg

SN:WAF/gh/00442M





TOWNSHIP OF HOWELL

OFFICE OF THE UTILITY COLLECTOR

Physical Address:
449 Adelpia Road
Freehold, NJ 07728

Mailing Address:
PO Box 580
Howell, NJ 07731

Date: January 10, 2003

To: Ed Mack, Construction Code
Alan Gastelle

From: Susan C. Davison, CTC Tax and Utility Collector
Denise Delle Chiaie, Sewer

Re: Release for Construction Permit

Development/Project :

Location:

Case Number:

Block:

Lot:

Qual:



*Pine Meadows
Fort Plains Road
50-2761*

Please be advised of the following regarding the above developments request Sewer Construction Permits:

I have searched all records remaining in the above developers name with the following results:

☐

The Following Applications have been received and are currently being processed.

- 1 Preliminary Sewer
- 2 Preliminary Water
- 3 Tentative Sewer
- 4 Final Sewer

☐

No applications have been received

☐

Township Connection fees have been paid for the aforementioned property

☐

Township Connection fees have not been paid for the aforementioned property

☒

Property not in our service area.

☐

Septic.

TOWNSHIP OF HOWELL

DP# 8306

THE UNDERSIGNED HEREBY APPLIES FOR A DEVELOPERS PERMIT FOR THE FOLLOWING TO BE ISSUED ON THE BASIS OF THE REPRESENTATIONS CONTAINED HEREIN, ALL OF WHICH THE APPLICANT SERARS TO BE TRUE.

1. NAME OF DEVELOPER OR PROPERTY OWNER:

MRC @ Fort Plains Rd LLC

2. DEVELOPMENT NAME:

Pine Meadows SD 20761

3. TELEPHONE NUMBER:

CELL PHONE:

FAX NUMBER:

4. PROPERTY LOCATION:

5. BLOCK:

LOT:

ZONE:

6. PROPOSED USE: New Construction:

Remodeling:

Accessory Building:

Residence:

Business:

Mfg.

7. SURVEY OF LOT, SHOWING PUBLIC ROADS, EXISTING BUILDINGS AND PROPOSED CONSTRUCTION OR USE FOR WHICH THIS APPLICATION MADE.

a. Name of road/street

b. Main road frontage

c. Set back from right-of-way

d. Side yard clearances

e. Rear yard clearances

f. Depth of lot from right-of-way

g. Dimensions of bldg. width

Ft. depth

Ft.

h. Highest point of building above reestablished grade

Ft.

i. Area of lot

Receipt # 11906 5/26/04 ck # 106864

j. Survey showing existing buildings and proposed construction.

Buildings use Residential
Number of stories 2 Basement Crawl
Useable floor space: First FL. 1383, 70 Sq. Ft. Second FL. 1263 Sq. Ft.
Off street parking space 600 Sq. Ft.

PLEASE PRINT NAME OF APPLICANT:

PLEASE SIGN NAME OF APPLICANT:

FOR ADMINISTRATIVE USE ONLY

PERMIT APPROVAL GRANTED:

PERMIT APPROVAL DENIED:

Upon the basis of the application, the statements are made part hereof, the proposed usage is found to be in accordance with the Township Land Use Ordinance and is hereby approved for the following zone:

DATE

ADMINISTRATIVE OFFICER

FEE:

DATE WHEN APPLICATION WAS RECEIVED:

DATE RULED ON:

IF CERTIFICATION IS REFUSED, REASON FOR REFUSAL:

HOWELL TOWNSHIP
ENGINEERING DEPARTMENT

DATE:

6/18/04

ENGINEER:

ASST ENGINEER:

INSPECTOR:

Charlie

MEMORANDUM

DP #8306

TO: Charlie Muller, Engineering Inspector

FROM: Vito Marinaccio, Director Land Use

OTHER:

DATE: May 13, 2004

FILE:

2761

RE: Pine Meadows
Block 138.10 Lot 11, 6 Pitch Pine Lane

The above mentioned developer has submitted the following plot plan for the above captioned property:

Block
138.10

Lot
11

Address
6 Pitch Pine Lane

Please review and let me know your findings.

RECEIVED

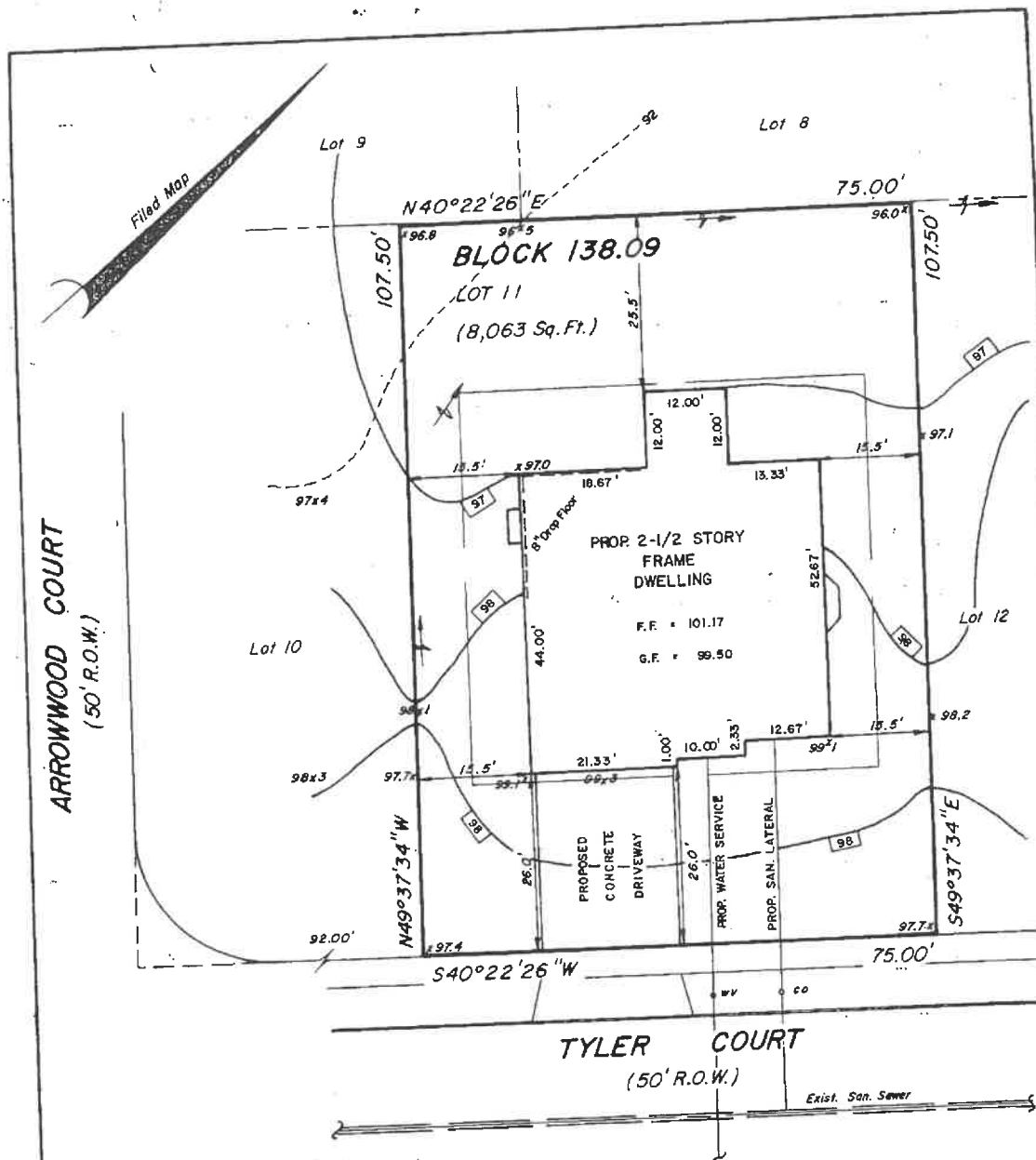
5/25/04 [Signature] (OK)

RETURNED

5/24/04

SIGNATURE

Lot grades/elevations are approved
for construction.
C. Muller.



LEGEND

- 77 EXISTING CONTOUR
- [77] PROPOSED CONTOUR
- [77.1] EXISTING SPOT ELEVATION
- 74.3 PROPOSED SPOT ELEVATION
- DIRECTION OF FLOW

NOTE:

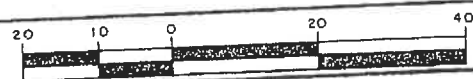
Property known as Lot 11, Block 138.09 as shown on a filed map entitled "Final Plat, Major Subdivision, Pine Meadows" filed in the M.C.C.O. as Case no. 278-15.

STUART C. CHALLONER
PROFESSIONAL ENGINEER, N.J. LIC. NO. 34337



**CHALLONER & MAGNO
ENGINEERING
INC.**

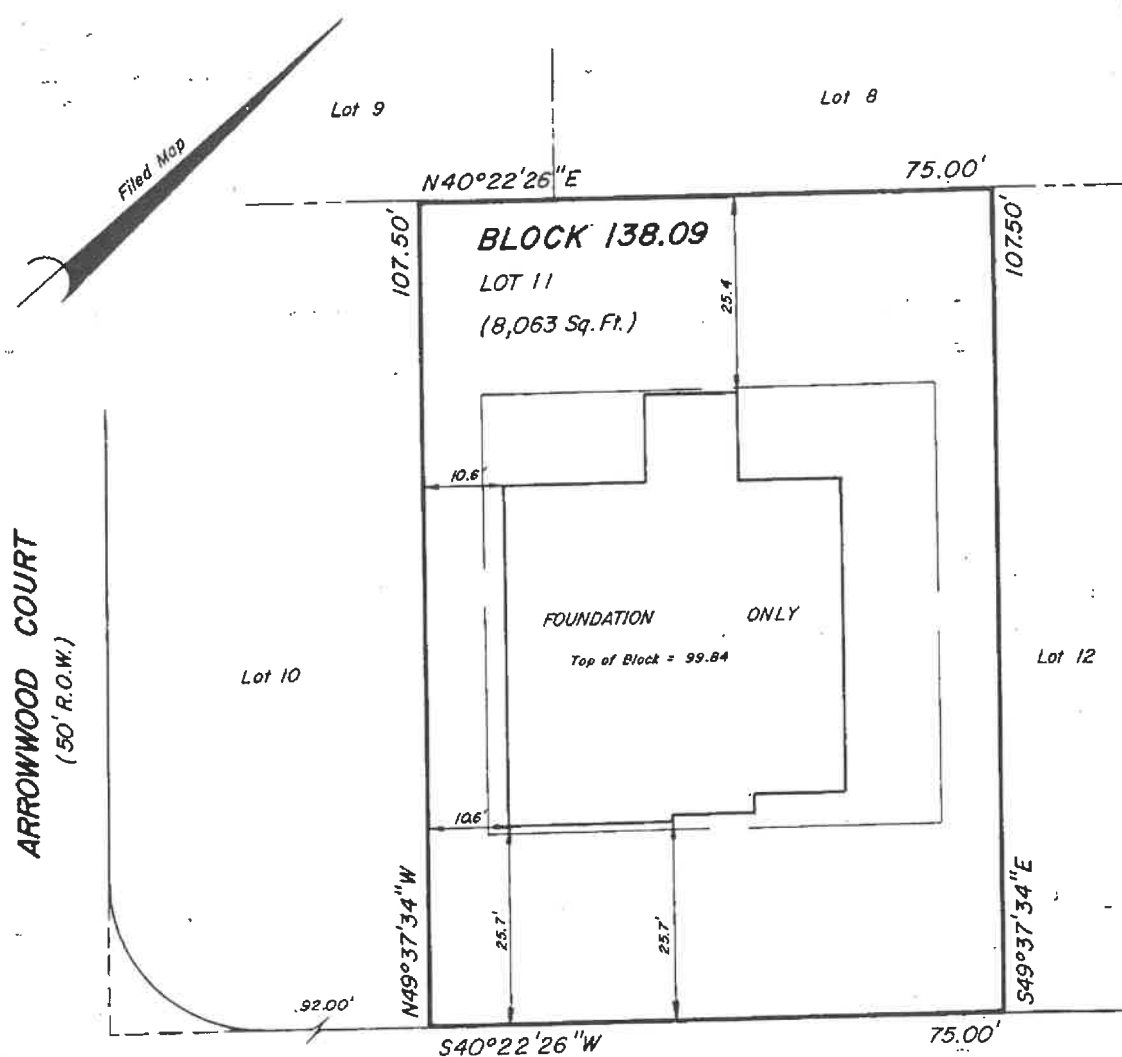
201 Main Street, 2nd Floor
Toms River, New Jersey 08763
Phone 732-818-9980, Fax 732-818-9981



**PLOT PLAN FOR
LOT 11 BLOCK 138.09**
SITUATED IN
TOWNSHIP OF HOWELL
MONMOUTH COUNTY, NEW JERSEY

DATE: 5/19/04	SCALE: 1" = 20'	DRAWN BY: RMD	CHECKED BY: DM	FILE No: 00058	FIELD BOOK:	SHEET No: 1 of 1
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Unit 53
Cortona II w/Boy Window-Sunroom

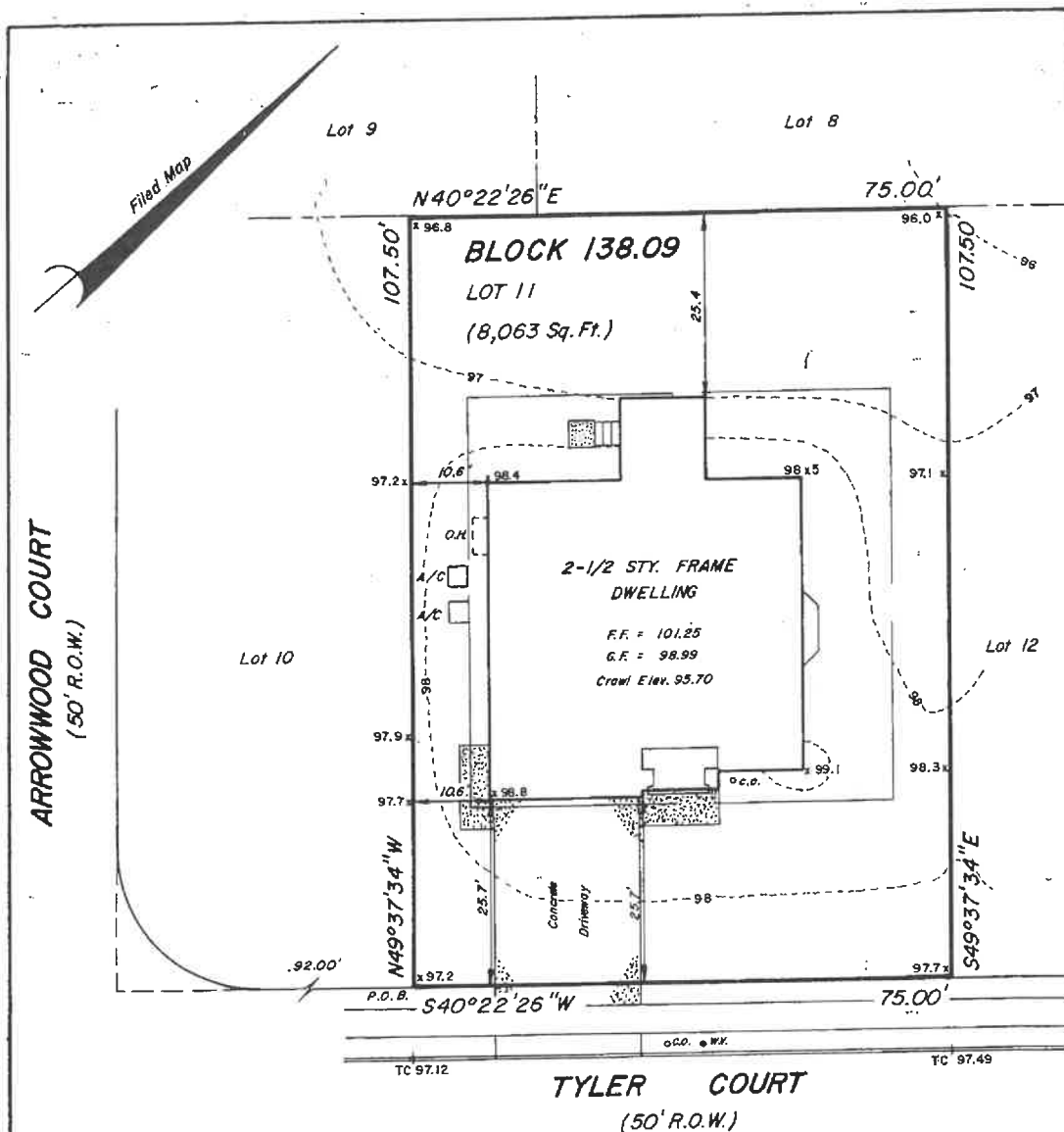


TYLER COURT
 (50' R.O.W.)

NOTES:

1. Property known as Lot 11, Block 138.09 as shown on a filed map entitled "Final Plat, Major Subdivision, Pine Meadows" sheet 1 of 3, filed in the M.C.C.O. on Oct. 12, 2000 as Case no. 278-15.
2. This survey subject to any easement of record, N.J. Tideland's Claim or other pertinent facts which may be disclosed by a title search.

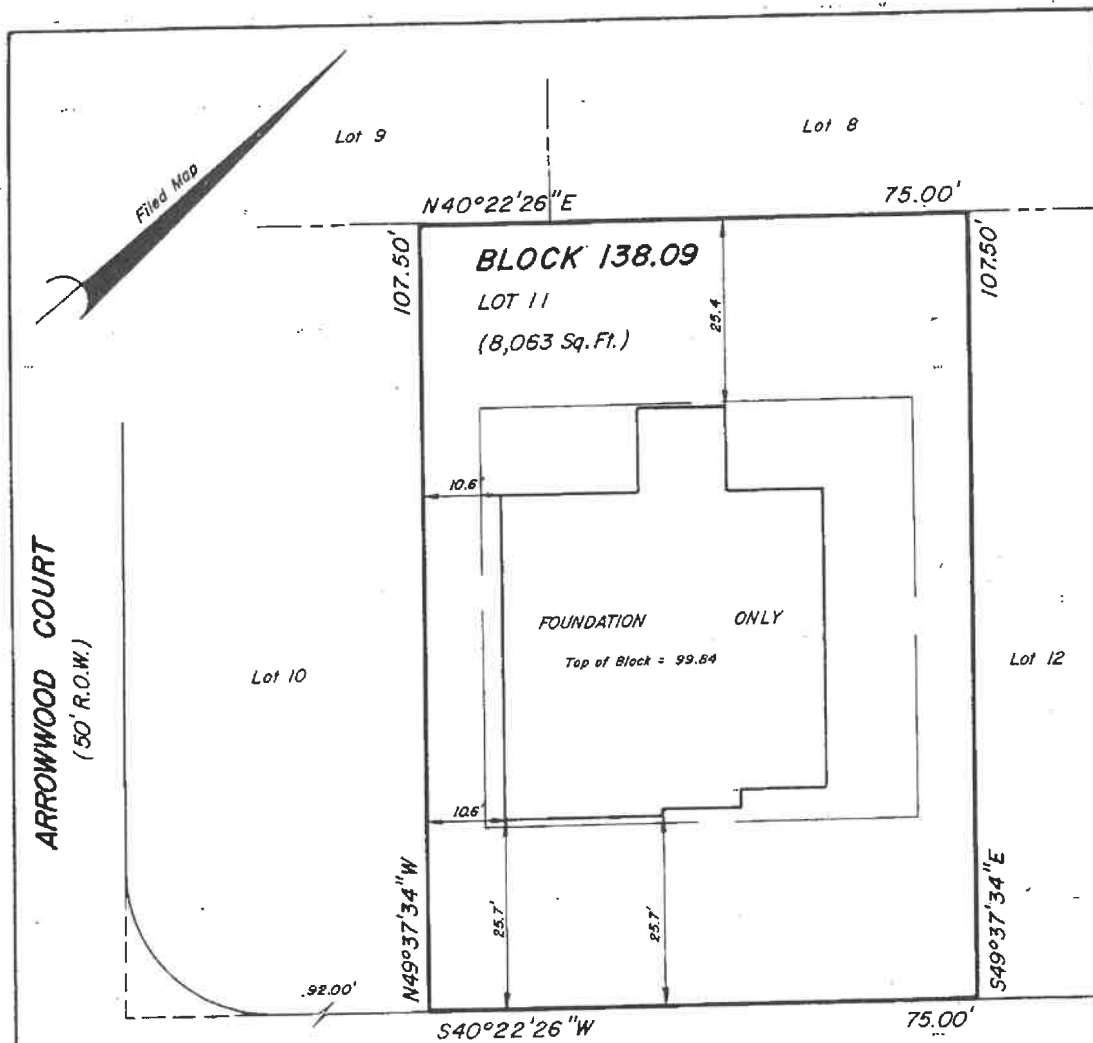
 EDWIN J. HALE PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 35842			
		SURVEY OF LOT 11 BLOCK 138.09 SITUATED IN TOWNSHIP OF HOWELL MONMOUTH COUNTY, NEW JERSEY	
 CHALLONER & MAGNO ENGINEERING INC. 201 Main Street, 2 nd Floor Toms River, New Jersey 08763 Phone 732-818-9980, Fax 732-818-9981		DATE: 7/15/04 SCALE: 1" = 20' DRAWN BY: RMD CHECKED BY: DM FILE No: 00058 FIELD BOOK: SHEET No: 1 of 1	



NOTES:

1. Property known as Lot 11, Block 138.09 as shown on a filed map entitled "Final Plat, Major Subdivision, Pine Meadows" sheet 1 of 3, filed in the M.C.C.O. on Oct. 12, 2000 as Case no. 278-15.
2. This survey subject to any easement of record, N.J. Tideland's Claim or other pertinent facts which may be disclosed by a title search.

 EDWIN J. HALE PROFESSIONAL LAND SURVEYOR N.J. LIC. NO. 35842					
 CHALLONER & MAGNO ENGINEERING INC. 201 Main Street, 2 nd Floor Toms River, New Jersey 08763 Phone 732-818-8980, Fax 732-818-8981				SURVEY OF LOT 11 BLOCK 138.09 SITUATED IN TOWNSHIP OF HOWELL MONMOUTH COUNTY, NEW JERSEY	
DATE:	SCALE:	DRAWN BY:	CHECKED BY:	FILE No:	FIELD BOOK:
1/12/05	1" = 20'	RMD	DM	00058	
				SHEET No:	1 of 1



APPROVED

TYLER COURT
(50' R.O.W.)

NOTES:

1. Property known as Lot 11, Block 138.09 as shown on a filed map entitled "Final Plat, Major Subdivision, Pine Meadows" sheet 1 of 3, filed in the M.C.C.O. on Oct. 12, 2000 as Case no. 278-15.
2. This survey subject to any easement of record, N.J. Tideland's Claim or other pertinent facts which may be disclosed by a title search.

 EDWIN J. HALE PROFESSIONAL LAND SURVEYOR N.J. L.C. NO. 35642			
 CHALLONER & MAGNO ENGINEERING INC. 201 Main Street, 2 nd Floor Toms River, New Jersey 08763 Phone 732-818-8980, Fax 732-818-8981		SURVEY OF LOT 11 BLOCK 138.09 SITUATED IN TOWNSHIP OF HOWELL MONMOUTH COUNTY, NEW JERSEY	
DATE:	SCALE:	DRAWN BY:	CHECKED BY:
7/15/04	1" = 20'	RMD	DM
FILE No:		SHEET No:	
00058		1 of 1	

ENGINEERING INSPECTION REPORT
TOWNSHIP OF HOWELL, N.J.

DATE RECEIVED: 1-14-05 INSPECTION REQUESTED BY:

CASE NUMBER: SD 2761 DEVELOPMENT: Vascano

BLOCK: 138.09 LOT: 11 SECTION: 3 Tyler Court

1. STREET RIGHT-OF-WAY:

- (a) Graded - Shoulder and/or Walk Area
- (b) Curb
- (c) Sidewalk
- (d) Driveway Apron
- (e) Drainage Facilities
- (f) Pavement (Base or Wearing Surface)
- (g) Construction Debris Removed

2. LIGHTING INSTALLED OPERATIONAL:

3. TRAFFIC CONTROL DEVICES:

- (a) Sign (s) Traffic Control
- (b) Sign (s) Street
- (c) Sign (s) Handicap
- (d) Marking (s) Pavement - Stop Lines
- (e) Fire Lane

4. SCREENING, FENCE (S) & LANDSCAPING:

- (a) Topsoil
- (b) Fertilizing & Seeding (Stabilized)
- (c) Shade Tree
- (d) Shrubs
- (e) Trash Screening
- (f) Screening (Fence or Plantings)

5. SOIL EROSION & SEDIMENT CONTROL:

- (a) Compliance - Certified Plan
- (b) Site Conditions - Field Observation

6. DRIVEWAY: Concrete

- (a) Surface Pavement
- (b) Base Pavement
- (c) Aggregate
- (d) Side Entry (min. 30' from garage including turnaround)

7. SITE GRADING:

- (a) As-built Grading Plan demonstrating positive drainage, and variation from approved plan.
- (b) Retaining Walls

8. GENERAL CLEANUP:

- (a) Lot
- (b) Adjoining buffer, open space, conservation area and, lots

RECOMMENDATION (S) AND/OR REQUIRED DOCUMENTATION:

- ☒ Meets Engineering requirements - recommend consideration for issuance of Certificate of Occupancy.
- ☐ Meets winter conditions see below for bonding requirements.
- ☐ Does not meet Engineering requirements recommend Certificate of Occupancy not be considered until site conforms.

COMMENTS: OK Land Use 1/14/05 VMM

20' section of sidewalk which is currently stoned must be poured once weather conditions permits

A.F.B.
INSPECTOR

1-19-05
DATE

[Signature]
ENGINEER/STAFF

White-Engineering, Yellow-Construction Official, Pink-Applicant

B O N D E D	A C C E P T A B L E	U N A C C E P T A B L E	
	✓		a
	✓		b
✓			c
	✓		d
	✓		e
	✓		f
	✓		g
	✓		
	✓		
	✓		a
	✓		b
N/A			c
↓			d
			e
	✓		a
F.S.C.D.	✓		b
	✓		c
N/A			d
↓			e
			f
	✓		a
F.S.C.D.	✓		b
	✓		
	✓		a
N/A			b
↓			c
			d
	✓		a
	✓		b