NEW JERSEY UNIFORM CONSTRUCTION CODE CERTIFICATE

CERT. NO. 6013
DATE ISSUED 11 13 86
Block 31404 Lot 2
Subdivision

IDENTIFICATION

Owner Manfred Samson
Address 65 Elba Ave
Hopatcong, N.J.
Tel. ( ) 398-0778
Work Site Address same

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

PAYMENTS

Fees Remitted $ 10.00
☐ Check No. 662
☐ Cash
☐ Other
Collected By: eg
Date: 10 9 86

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

stove & chim

USE GROUP _____ FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: $ 2000.00

Robert L. Yates

CONSTRUCTION OFFICIAL

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 6013
DATE ISSUED 10/9/86
Block 31404 Lot 2
Subdivision

A. IDENTIFICATION

Owner MANFRED SAMSON
Address 65 Elba Ave.
Hopatcong, NJ 07843
Tel. ( ) SAME

Agent SAME
Address
Tel. ( )

Work Site Address
Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 30.00
Fees Remitted $ 30.00
☑ Check No. 662
☐ Cash
☐ Other

Collected By: gds
Date: 10/9/86

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☒ OTHER ZONING

Description of work:

COAL/WOOD BURNING STOVE AND BUILD CHIMNEY AND BRICK WORK AROUND STOVE.

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: $ 2,000.00

Robert L. Yates
CONSTRUCTION OFFICIAL

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

RECEIVED
OCT 2 _ 1986
OF HOPATCONG

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 6013
DATE ISSUED 10/9/86
REVISION DATE
Block 31404 Lot 2
Subdivision

A. IDENTIFICATION

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

Owner Manfred Samson / Contractor
Address 65 Elba Avenue Hopatcong NJ 07843 / Address
Tel. ( ) 398-0978 / Tel. ( )
Work Site Address Same as above / Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Set in Coal/Wood Burning Stove and build chimney and brick work around stove. (See attached drawing)

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☒ Other Stove relocation

	Fee Basis	Fee
		$
Other Stove relocation	base fee	15.00
SUBTOTAL		$ 15.00
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 15.00

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present R-3 Proposed

No. of Stories ____ Total Building Area–All Floors ____ Sq. Ft.
Height of Structure ____ Ft. Volume of Structure ____ Cu. Ft.
Area–Largest Floor ____ Sq. Ft. Total Land Area Disturbed ____ Sq. Ft.
Estimated Cost of Building Work: $ 2,000

D. COMMENTS

Reduced clearance under Art 11 BOCA Mech Code

☐ Partial Releases ☐ Prototype Processing

ugh of Hopatcong, New Jersey

Application for Zoning Permit

Office Use Only	Date Rec'd	Time	By

INSTRUCTIONS

RECEIVED
OCT 2 _ 1986
BORO OF HOPATCONG

1. Please use ball pen or type. Do not use pencil.
2. Please answer all questions. If the answer is "none", state "none".
3. Attach a plot plan or survey map, drawn to scale, showing what property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc and show their dimensions and distances from all property lines and roads.

of Applicant anfred Samson	Name of Owner (if different from applicant) Manfred Samson
ess of Applicant Elba Ave Hopatcong,	Address of Owner (if different)

e number of applicant: 398-0778

is the present use of the principal building?
Owners residence

is the proposed use of the principal building?
Owners residence

are the present uses of any accessory buildings?
None

are the proposed uses of any accessory buildings?
None

are the proposed uses of any new structures or additions for which a zoning permit is sted?
None Cord wood Stove + Masonry Chimney

whether the premises or property has been the subject of any prior application(s) to oning Board of Adjustment or the Planning Board. If none, state none. If so, state ature of the application, the date, and the action(s) of the Board(s).

3/404 ✓

t Address of premises: 165 Elba Avenue Block # 5 Lot # 14 Zone R-1

by make application for a zoning permit for the changes described above and on the ed plot plan or survey map. I understand that this is not a building permit, which es a separate application. I certify that the answers to the above questions and ts or representations made on attachments to this application are true and te to the best of my knowledge.

9/29/86

Manfred Samson
Signature of Applicant (individual)

Name of Corporation or Association

Secretary

By:

DO NOT WRITE IN THIS SPACE

e use or change is permitted by ordinance. Permit issued – No. Date 10/2/86

riance application recommended.

per Paul R. Stewart
Paul Stewart, Zoning Officer

RECEIVED
OCT 2 _ 1986
BORO OF HOPATCONG

APPLICATION FOR CERTIFICATE

PERMIT NO. 6013
DATE ISSUED 10/9/86
Block 31404 Lot 2
Subdivision
Notice No.

IDENTIFICATION

OWNER:
Name Manfred Samson
Address 65 Elba Avenue
Town/State/Zip Hopatcong, NJ 07843

CONSTRUCTION LOCATION:
Address 65 Elba Avenue
Hopatcong, NJ
Tel. (201) 398-0778

ACTION

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

USE GROUP: _____ Previous _____ Current

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

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

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

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

SIGNED: Manfred Samson
OWNER/AGENT

☐ Owner
☐ Agent

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 4925
DATE ISSUED 12/4/85
Block 3404 Lot 7
Subdivision

A. IDENTIFICATION

Owner E. Samson
Address 65 Ella Ave Hopatcong NJ
Tel. ( )

Agent Chris Hobb
Address 21 Holiday Dr. Hopatcong NJ.
Tel. ( ) 398-6982
Lic. No. 06332
Federal Emp. No. 149-32-1204

Work Site Address

PAYMENTS

Permit Fee $ 10.00
Fees Remitted $ 10.00
☐ Check No.
☑ Cash
☐ Other
Collected By: EF
Date: 12/4/85

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Re Roof

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: $ 950.00

Robert L. Yates
CONSTRUCTION OFFICIAL

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 4925
DATE ISSUED 12/14/95
REVISION DATE
Block 31404 Lot 2
Subdivision

A. IDENTIFICATION

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

Owner F. Samsen
Address 65 Elba Ave.
Tel. ( )
Work Site Address Same

Contractor Chris H. Kah.
Address 26 Holiday Dr.
Hopatcong, NJ.
Tel. ( ) 398-6922.
Lic. No. 06332.
Federal Emp. No. 149-32-1204.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

Chris H. Kah.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

Reroof over 1 layer.
with fiberglass shingles.

1300 sq. ft.

☐ See Plans

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

	Fee Basis	Fee
		$
		10.00
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 10.00

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

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

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

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

Estimated Cost of Building Work: $ 950.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

Issued 1/81

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 4663
DATE ISSUED 9/18/85
Block 31404 Lot 2
Subdivision

A. IDENTIFICATION

Owner Jameson
Address 65 Elba Ave Hapt. NJ
Tel. ( ) 398-10778
Work Site Address 65 Elba

Agent Alpha Pre Fab
Address 19 Bolton Dr Stanhope NJ
Tel. ( )
Lic. No.
Federal Emp. No. 147-44-9015

PAYMENTS

Permit Fee $ 10.00
Fees Remitted $ 10.00
☒ Check No. 2867
☐ Cash
☐ Other
Collected By: RG
Date: 9/19/85

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:

Windows

Air Inspector before Closing.

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

Estimated Cost of Work: $ 1000.00

Robert L. Yates
CONSTRUCTION OFFICIAL

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

9/18/85

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 463
DATE ISSUED 9/18/85
REVISION DATE
Block 3140 4 Lot 2
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner SAMBSON
Address 65 ELBA AVE
HOPATCONG NJ
Tel. (201) 398-2778
Work Site Address

Contractor ALPHA-ONK CONST
Address 19 BELTON ST
STANHOPE NJ 07874
Tel. (201) 347-8756
Lic. No.
Federal Emp. No. 18) -44-9025

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

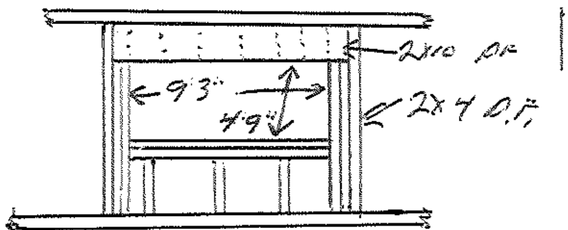
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

INSTALL PELLA 9FT WINDOW
AND HEADER DOUBLE 2X10 WITH
PLYWOOD AND DOUBLE 2X4 LESS.



repl sl glass door
R.O. 9'-3" W (changing window
4'-9" H from 8'-10" to 9'-3")

☐ See Plans

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

Fee Basis	Fee
$10 per 1000	$ 10.00
SUBTOTAL	$ 10.00
Minimum Building Fee (if applicable)	$
Total Building Fee (Greater of Minimum or Subtotal)	$ 10.00

C. BUILDING CHARACTERISTICS

USE GROUP: ______ Present ______ Proposed

No. of Stories ______
Height of Structure ______ Ft.
Area—Largest Floor ______ Sq. Ft.
Estimated Cost of Building Work: $ 1000 00

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

D. COMMENTS

~~ck header w/~~
~~doorstop~~
Hdr must be insp
before covering

☐ Partial Releases ☐ Prototype Processing

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

NEW JERSEY UNIFORM CONSTRUCTION CODE CERTIFICATE

CERT. NO. 5130
DATE ISSUED 11/4/86 ~~3-13-86~~
Block 31404 Lot 2
Subdivision

IDENTIFICATION

Owner Manfred Samson
Address 65 Elba Ave
Hopatcong, N.J.
Tel. ( )
Work Site Address same

Agent A. Garrigus
Address
Hopatcong, N.J.
Tel. ( ) 398-3689
Lic. No.
Federal Emp. No. ~~SS~~ 150-12-0066

PAYMENTS

Fees Remitted $ 20.00
☐ Check No. ~~519~~
☐ Cash
☐ Other

Collected By: ef
Date: 3 13 86

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

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

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

steel plate partition between two rooms & install header

USE GROUP _____ FIRE GRADING _____

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: $ 700.00

Robert L. Yates
CONSTRUCTION OFFICIAL

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 5130
DATE ISSUED 9/3/86
Block 31404 Lot 2
Subdivision

A. IDENTIFICATION

Owner Manfred Samson
Address 65 Elba Ave
Hopatcong, N.J.
Tel. ( )
Work Site Address 65 Elba Ave

Agent A. Garrigus
Address SHarp Ave
Hopatcong, N.J.
Tel. ( ) 398-3689
Lic. No. 150-12-0066
Federal Emp. No.

PAYMENTS

Permit Fee $ 40.00
Fees Remitted $ 40.00
☐ Check No. 518
☐ Cash
☐ Other
Collected By: (ED)
Date: 9/13/86

is hereby granted permission to perform the following work:

☒ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☒ OTHER Zoning

Description of work:

Install 3/8" steel plate
take out partition between 2 rooms
and install header

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: $ 700.00

CONSTRUCTION OFFICIAL

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

BUILDING SUBCODE TECHNICAL SECTION

3/4/86

PERMIT NO. 5736
DATE ISSUED 3/13/86
REVISION DATE

Block 3404 Lot 2
Subdivision

A. IDENTIFICATION

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

Owner MANFRED SAMSON
Address 65 ELBA AVE HOPATCONG N.J.
Tel. ( )
Work Site Address SAME.

Contractor A. CARRIGG
Address HOPATCONG N.J.
Tel. ( ) 398-3659
Lic. No. 150-12-3066
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

INSTALL 3/8" STEEL PLATE

SEE PLAN.

☐ See Plans

TYPE OF WORK:

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

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$ 15.00
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 15.00

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present R-3 Proposed

No. of Stories
Total Building Area—All Floors Sq. Ft.
Height of Structure Ft.
Volume of Structure Cu. Ft.
Area—Largest Floor Sq. Ft.
Total Land Area Disturbed Sq. Ft.
Estimated Cost of Building Work: $ 700.00

D. COMMENTS

Maximum loaded area
14'x15' = 210 S.F.
one floor above

☐ Partial Releases ☐ Prototype Processing

BOROUGH OF HOPATCONG, NEW JERSEY

Office Use Only | Date Rec'd | Time | By

RECEIVED 3/12/86

Application for Zoning Permit

INSTRUCTIONS

1. Please use ball pen or type. Do not use pencil.
2. Please answer all questions. If the answer is "none", state "none".
3. Attach a plot plan or surbey map, drawn to scale, showing what exists now on the property and what changes you propose to make. Include existing and proposed structures, paved areas, signs, etc and show their dimensions and distances from all property lines and roads.

Name of Applicant: MANFRED & JOAN SAMSON

Name of Owner (if different from applicant):

Address of Applicant: 65 ELBA AVE

Address of Owner (if different):

Percent of Lot Coverage Max?

What is the present use of the principal building?
1 Family Dwelling

What is the proposed use of the principal building?
Above

What are the present uses of any accessory buildings?

What are the proposed uses of any new structures or additions for which a zoning permit is requested?
TAKE OUT PARTITION BETWEEN 2 ROOMS & INSTALL HEADER SAME

State whether the premises or property has been the subject of any prior application(s) to the Zoning Board of Adjustment or the Planning Board. If none, state none. If so, state the nature of the application, the date, and the action(s) of the Board(s).

Phone number of applicant:

Street Address of premises: Block # Lot # Zone

I hereby make application for a zoning permit for the changes described above and on the attached plot plan or survey map. I understand that this is not a building permit, which requires a separate application. I certify that the answers to the above questions and any statements or representations made on attachments to this application are true and complete to the best of my knowledge.

Date 3/9/86

Signature of Applicant (indiviaual)

Name of Corporation or Association

Attest _____ *Secretary*

By: _____

DO NOT WRITE IN THIS SPACE

(X) The use or change is permitted by ordinance. Permit issued - No. _____ Date 3/12/86

( ) Variance application recommended.

Paul Stewart, Zoning Officer

APPLICATION FOR CERTIFICATE

UNIFORM CONSTRUCTION CODE

3/4/86

PERMIT NO. 5130
DATE ISSUED
Block 31404 Lot 2
Subdivision
Notice No.

IDENTIFICATION

OWNER:

Name MANFRED + JOAN SAMSON
Address 65 ELBA AVE
Town/State/Zip HOPATCONG NJ

CONSTRUCTION LOCATION:

Address Same

Tel. (201) 398-0778

ACTION

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

USE GROUP: _____ Previous _____ Current

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

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

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

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

SIGNED: M. Samson
OWNER/AGENT

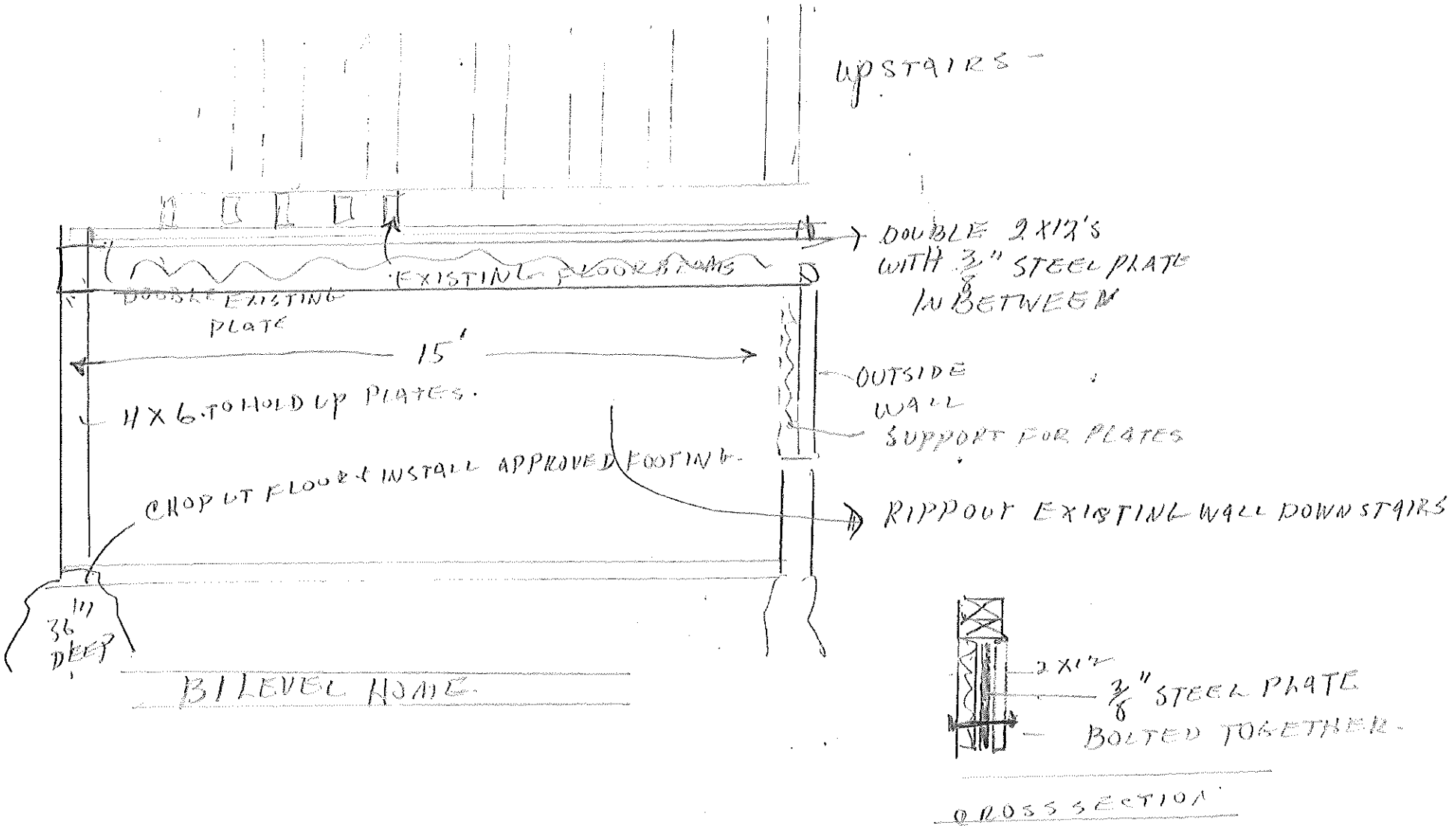
☒ Owner
☐ Agent

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

51-30

INSTALLATION OF 3/8 SCITCH-PLATE

FOR MANFRED SAMSON 65 ELBA AVE.



Loaded Area

3/4/46

Date Issued 9/5/97
Control #
Permit # 16646 - 4 28 97

CERTIFICATE

NEW JERSEY UNIFORM CONSTRUCTION CODE

IDENTIFICATION

Block 31404 Lot 2
Work Site Location 65 Elba Avenue
Owner in Fee/Occupant J. Samson
Address 65 Elba Avenue
Hopatcong, N.J. 07843
Tele. ( ) 398-0778
Contractor B. Bonhoski
Address P O Box 454
Neecong, N.J. 07857
Tele. ( ) 347-6141 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group
Maximum Live Load
Construction Classification
Maximum Occupancy Load
Description of Work/Use:

Kitchen alterations and windows

☐ **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.

XXXXXX ☐ **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 _____, 19____ or the owner will be subject to fine or order to vacate:

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

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

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

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **CERTIFICATE OF COMPLIANCE**

This serves notice that 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 _____.

Fee $ 160.00
Paid (xx) Check No. 201
Collected by: ef

CONSTRUCTION OFFICIAL

U.C.C. F260
(rev. 3/96)

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

APR 2 3 1997

BORO OF HOPATCONG
CONSTRUCTION DEPT.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4/28/97
Control #
Permit # 16644

31404-2

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

Block 31404 Lot 2
Work Site Location 65 ELBA AVE
Hopatcong, N.J.
Owner in Fee JOAN SAMPSON
Address 65 ELBA AVE
HOPATCONG N.J.
Tele. (201) 398-0778
Contractor BARRY J. BONKOSKI
Address P.O. Box 454
NETCONG N.J. 07857
Tele. (201) 347-6141
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. 158-54-7054

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

KITCHEN + NEW WINDOWS (-3)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	9/25/97	DMH
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: August 7, 1997
Approved By: DC Gruver

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame			9/29/97	DMH
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			8/7/97	DMH

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

(Office Use Only)
FEE
$ _____
_____
46.00
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 1,123
3. Total (1+2) $ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ 1.00
TOTAL FEE $ 47.00

U.C.C. Form F-110B 1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

REQUIRED INSPECTIONS

onstruction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This gency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms the approved plans and the requirements of the Uniform Construction Code.

ne owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections ecified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections ill be performed within three business days of the time for which they are requested. The work must not proceed in a manner hich 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.

f you do not understand any of this information, please ask.

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4/30/97
Control #
Permit # 16644

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

Block 31404 Lot 2
Work Site Location 65 ELSA AVE
HAWTHORNE, N.J.
Owner in Fee John Sampson
Address 65 ELSA AVE
HAWTHORNE N.J.
Tele. (201) 398-0778
Contractor BARRY J. Pawlecki
Address P.O. Box 454
NETCONG N.J. 07857
Tele. (201) 347-6141
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 158-54-7054

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
Kitchen + New windows (-3)

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date / Initial
[X] No Plans Req. 4/30/97 JM
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

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

(Office Use Only) FEE

$	
	46.00

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 4123
3. Total (1+2) $

Paid [ ] Check #
Collected by:

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$ 1.50
TOTAL FEE	$ 47.50

31404-2

APR 2 3 1997

BORO OF HOPATCONG
CONSTRUCTION DEPT.

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4/28/97
Control #
Permit # 16646

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

Block 31404 Lot 2
Work Site Location 65 Elba Ave Hopatcong N.J.
Owner in Fee JOAN Samson
Address 65 Elba Ave. Hopatcong N.J.
Tele. (201) 398-0778
Contractor HUBER PLG & HTG
Address 25 JANNEE RD HOPATCONG NJ
Tele. (201) 398-0778
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present RESIDENT Proposed RESIDENT
Building Sewer Size Public Sewer Private Septic ✓
Water Service Size 3/4 Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ ~~650~~ -450-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4/23/97
Approved by: (B)

SUBCODE APPROVAL:
[✓] CO [ ] CCO [✓] CA
Approved By: 4/23/97
Date: (B)

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

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.

David W. Huber
Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

PMB Final OK DCM

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 33-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 33-

U.C.C. Form F-130B 1 White = Inspector Copy 2 Canary = Office Copy

31404-2

APR 2 3 1997

BORO OF HOPATCONG
CONSTRUCTION DEPT.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4/28/97
Control #
Permit # 16646

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

Block 31404 Lot 2
Work Site Location 65 Elba Ave. Hopatcong, N.J.
Owner in Fee JOAN SAMSON
Address 65 Elba Ave. Hopatcong, N.J.
Tele. (201) 398-0378
Contractor JAMES R CONOVER - ELEC. CNTR.
Address 36 THANELL RD HOPATCONG
Tele. (201) 398-8961
Lic. No. 4079
Federal Emp. No. 133226432 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 7000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/29/97
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8/7/97
Approved By: RL

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			4/29/97	RL
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/7/97	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

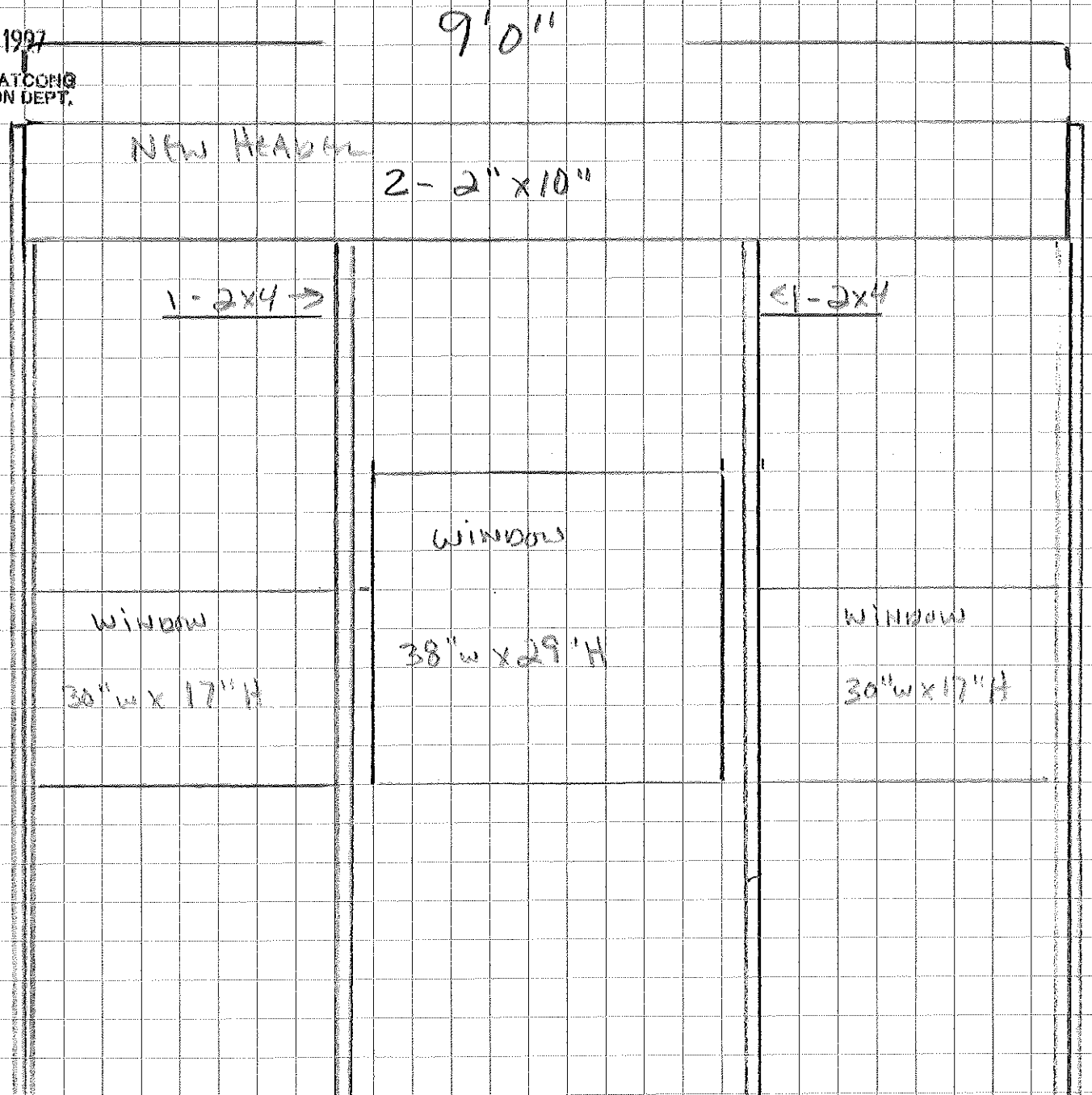
D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
6		Receptacles (2)	
3		Switches (3)	
		Total 1 + 2 + 3	33
1	10 Kw	Range	40
	Kw	Oven(s)	
	Kw	Surface Unit	7
1	1/2 hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Administrative Surcharge	$ 50.-
Paid [ ] Check # Minimum Fee	$
DCA Training Fee	$

APR 2 3 1997

BORO OF HOPATCONG
CONSTRUCTION DEPT.



Bldg Subcode
4-27-97

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 12/17/2001
Control #
Permit # 01-706

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 31404 Lot 2 Qual

Work Site Location 65 ELBA AVE
REPLACE HOT H20 HEATER

Owner in Fee/Occupant SAMSON J

Address SAME
HOPATCONG, NJ 07843-

Telephone (973)398-0778

Contractor HUGHES PLBG

Address 25 SHAWNEE RD
HOPATCONG, NJ 07843-

Telephone (973)398-0875 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 15-4464097

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group U

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

REPLACE HOT H20 HEATER

[ ] 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.

[X] 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:

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

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

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

William O'Connor
CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 631
Collected by: SJH

RECEIVED
DEC 05 2001
BOROUGH OF HOPATCONG
CONSTRUCTION OFFICE

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 12/7/2001
Date Issued
Control #
Permit # 01-706

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

Block 31 2021 Lot 2
Work Site Location 65 ELSA AVE HOPATCONG
Owner in Fee JAMSUN
Address 65 ELSA AVE HOPATCONG NJ
Tele. (973) 398-0778
Contractor HUGHES PLP
Address 29 ITHANELL HOPATCONG NJ
Tele. (973) 398-0870 Fax ( ) _____
Lic. No. 10597
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present REV Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic 4"
Water Service Size _____ Public Water 3/4 Private Well _____
Est. Cost of Plumbing Work $ 700-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/11/01
Approved by: W.O.C

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
WATER			12/11/01	W.O.C
HEATER				

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.

W. O. C
Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge	$	
Minimum Fee	$	33-
DCA Training Fee	$	1-
TOTAL FEE	$	

U.C.C. F130 (rev 3/96)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 12/17/2001
Control #
Permit # 01-578

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 31404 Lot 2 Qual
Work Site Location 65 ELBA AVE
SIDING, WINDOW
Owner in Fee/Occupant SAMSON J
Address SAME
HOPATCONG, NJ 07843-
Telephone (973)398-0778
Contractor KLR ASSOC INC
Address 50 W FLAGGE ST
ROCKAWAY, NJ 07866-
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2236434

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group R-3
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SIDING, WINDOWS

[ ] 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.

[X] 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:

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

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

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

Fee $ 0
Paid [X] Check No. 100
Collected by: SJH

William O'Connor
CONSTRUCTION OFFICIAL

BOROUGH OF HOPATCONG
111 RIVER STYX RD
HOPATCONG, N.J. 07843

Date Issued 10/11/2001
Control # C31404/2
Permit # 01-578

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 31404 Lot [illegible] Qual

Work Site Location [illegible]
SIDING, WINDOW
Owner in Fee [illegible]
Address SAME
HOPATCONG, NJ 07843
Telephone [illegible]

Contractor [illegible]
Address [illegible]
[illegible]
Telephone ( )
[illegible]
[illegible]

[illegible] to perform the following work
[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
[illegible]

DESCRIPTION OF WORK
SIDING, WINDOW

PAYMENTS (Office Use Only)	
Building	[illegible]
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	4
Cert. of Occupancy	0
Other	
Total	[illegible]

[illegible]
Collected By 100 SJH

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

Estimated Cost of Work $ [illegible]

W O'Connor SJH 10/11/2001
Construction Official Date

[illegible]

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/11/2001
Date Issued
Control #
Permit # 01-578

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

Block 31404 Lot 2
Work Site Location 65 Elba Avenue
Hopatcong N.J.
Owner in Fee Joan Samson
Address 65 Elba Avenue
Hopatcong, N.J.
Tele. (973) 398-0778
Contractor RLR Associates, Inc.
Address 50 West Flagge Street
Rockaway N.J. 07866
Tele. (800) 243-9018 Fax (610) 588-3663
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-223-6434

C. CERTIFICATION IN LIEU OF OATH

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

X Joan Samson
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing aluminum siding and dispose of all debris.
Put up new insulation and vinyl siding.
Install one small oval accent window above front door.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9/13/01	W.OC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/4/01
Approved by: W.OC

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing				
Foundation				
Slab				
Frame			10/30/01	W.OC
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other Siding			12/4/01	W.OC
Final				
Barrier-Free				

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

[ ] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	133

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ $7800.00
3. Total (1+2) $ 7,800.00

U.C.C. F110 1 White = Inspector Copy 2 Canary = Office Copy