CERTIFICATE

Date Issued 3/3/95
Control #
Permit #14030 - 8 11 94

IDENTIFICATION

Block 40105 Lot 19
Work Site Location 65 Broadway

Owner in Fee M. Wallace
Address 65 Broadway
Hopatcong, N.J. 07843
Tele. (___) 770-2262
Contractor
Address

Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

rip off and reroof

☐ **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**

XXXX

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 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 _____.

☐ **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:

David C. Moore
CONSTRUCTION OFFICIAL (Acting)

Fee $ 20.00
Paid [ ] Check No. 3274
Collected by: ef

U.C.C. Form F-260B

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

CA 3/3/95

CONSTRUCTION PERMIT

Date Issued 8/11/94
Control #
Permit # 14030

IDENTIFICATION Block 40105 Lot 19

Work Site Location 65 Broadway

Owner in Fee M. Wallace
Address 65 Broadway Hapt N J
Tele. (___) 770-2362

Contractor ___
Address ___
Tele. (___) ___
Lic. No. or Bldrs. Reg. No. ___ Exp. Date ___
Federal Emp. No. ___
or Social Security No. ___

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
Repair Roof
Dumping Receipts Required

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 $ 1500

Paul B Stewart (BS)
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	34
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	1 —
Cert. of Occ.	20 —
Other	
Total	55 —
Check No.	5274
Cash	
Collected By:	(illegible)

(see reverse side)

U.C.C. Form F-170C

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

RECEIVED

AUG 11 1994

BORO OF HOPATCONG
CONSTRUCTION DEPT.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/11/94
Date Issued
Control #
Permit # 14030

40105-19

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

Block 40105 Lot 19
Work Site Location 65 Broadway

Owner in Fee Michael Wallace
Address 65 Broadway

Tele. (201) 770-2267
Contractor Samarai Roofing
Address

Tele. (908) 852-8418
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: Sept. 15, 1994		
Approved By: DC Moore		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			9/15/94	

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 $ 1550
3. Total (1+2) $ ____

C. CERTIFICATION IN LIEU OF OATH

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

X Dean Wallace
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

X Rip off & Re Roof

Dumping Receipts Required

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

(Office Use Only)

FEE
$ 34

Paid [✓] Check # 3274
Collected by: [signature]

Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$ 1
TOTAL FEE	$ 35

U.C.C. Form F-110B

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

RECEIVED
AUG 11 1994
BORO OF HOPATCONG
CONSTRUCTION DEPT.

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block Y 40105 Lot 19
Work Site Location 65 Broadway
Owner in Fee Michael Wallace
Address 65 Broadway
Hopatcong nj 07843
Tele. (201) 770-2202

Contractor Samurai Roofing
Address
Tele. (908) 852-8418
Lic. No.
Federal Emp. No.
or Social Security No.

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.

DESCRIPTION OF WORK/USE:

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: Jan Wallace
☒ Owner
☐ Agent
OWNER/AGENT

U.C.C. Form F-270A

FEB 22 1996

BORO OF HOPATCONG
CONSTRUCTION DEPT.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/22/96
Date Issued
Control # 40105-19
Permit # 15534

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

Block 40105 Lot 19
Work Site Location 65 Broadway, Hopatcong, NJ. 07843

Owner in Fee Nicholina Keefe
Address 65 Broadway
Hopatcong NJ
Tele. (201) 770 1739
Contractor Aquay Energy Products
Address PO Box 10
Augusta NJ 07822
Tele. (201) 383-1860
Lic. No. 123569
Federal Emp. No. 150-627-866-07 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $ 450.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2/27/96
Approved by: JD

SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA 98
Approved By: 3-12-96
Date:

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.

x Kelly Hayes, Jr. Comm. Plan. Inc.
Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List 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	
X	Water Heater	50-
	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	

Paid [✓] Check # 406
Collected by: JD

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

U.C.C. Form F-130B

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

Date Issued 06/28/05
Control #
Permit # 03-706

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 40105 Lot 19 Qual
Work Site Location 65 BROADWAY
ADDITION
Owner in Fee/Occupant MASON
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 601-1254
Contractor HICKEY F
Address 55 SHAWNEE RD
HOPATCONG, NJ 07843-
Telephone (973)398-9126 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-7685912

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

ADDITION W/CANTILEVER

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

[ ] TEMPORARY 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 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 $ 60
Paid [X] Check No. 1414
Collected by: SJH

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/2/03
Date Issued
Control #
Permit # 03-706

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

Block 40105 Lot 19
Work Site Location 65 Broadway Hopatcong NJ.

Owner in Fee Mason
Address SAME

Tele. (973) 601-1254
Contractor True Tech Contracting
Address 55 Shawnee Rd. Hopatcong NJ 07843

Tele. (973) 398-9126 Fax (973) 398 0972
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 147-68-5912

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
Construct 2nd Floor Addition with 2' Front & Rear Cantilever

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All AS NOTED	9/30/03	WDC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 2-11-05
Approved by: DCC.

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	9/23/03		3/3/04	WDC
Barrier-Free	9/23/03 WDC			
Insulation	& R		3/3/04	WDC
Finishes				
Energy				
Mechanical				
TCO			4/28/04	WDC
Other				
Final			2-11-05	DCC
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[X] Addition
[ ] Alteration
- [ ] Roofing
- [ ] 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	$ 87
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		

No. of Stories 2
Height of Structure 24 Ft.
Area — Largest Floor 900 Sq. Ft.
New Bldg. Area/All Floors 900 Sq. Ft.
Volume of New Structure 7200 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 40,000

U.C.C. F110 (rev. 3/96)
1 White = Inspector Copy
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3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/2/03
Date Issued
Control #
Permit # 03-706

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

Block 40105 Lot 19
Work Site Location 65 Broadway

Owner in Fee/Occupant Mason
Address SAME

Tele. (973) 601-1254
Contractor Homeowner
Address SAME

Tele. ( ) Fax ( )
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 $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 9/16/03
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9/18/03
Approved by: RO

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	10/29		~~FEB 9~~ 3/3	RO RO
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			4/28/04	MS

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
10		Lighting Fixtures
25		Receptacles
12		Switches
4		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
1		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
1	200	AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)	
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	
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 87

Update to # 03-706

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/20/04
Date Issued
Control #
Permit # 03-706+A

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

Block 40105 Lot 19
Work Site Location 65 Broadway Hopatcong N.J.

Owner in Fee Chris Mason
Address Same as above

Tele. (973) 601-1254
Contractor Chris mason
Address Same as above

Tele. (_____) _____ Fax (_____) _____
Lic. No. _____
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 $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/23/03
Approved by: W.O.C

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9-11-03
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO Final			9-11-03	[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.

[signature]
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

RECEIVED
SEP 17 2003
BORO OF HOPATCONG
CONSTRUCTION DEPT.

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	
	Water Heater	
X	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	37.5
	Stacks	
X	Other Fuel oil tank	
	Other	
	Other	

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	65

U.C.C. F130 (rev. 3/96)

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/2/03
Date Issued
Control #
Permit # 03-706

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

Block 40105 Lot 19
Work Site Location 65 Broadway Hopatcong NJ
Owner in Fee Mason
Address Same
Tele. (973) 601-1254
Contractor Homeowner
Address Same
Tele. ( ) Same Fax ( )
Lic. No.
Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic X
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 9/21/03
Approved by: w.d'C

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/28/04
Approved by: w.d'C

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Slab				
Rough			12/29/03	w.d'C
Water				
Sewer				
Fixtures			4/28/04	w.d'C
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.

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
1	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	
	Hose Bibb	
	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	$
DCA Training Fee	$
TOTAL FEE	$ 60

U.C.C. F130
(rev 3/96)

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

Update
03-706

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/20/04
Date Issued
Control #
Permit # 03-706+A

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

Block 10105 Lot 19
Work Site Location 65 Broadway

Owner in Fee Chris Mason
Address 65 Broadway

Tele. (973) 601-1259
Contractor Chris mason
Address Same as above

Tele. ( ) Same as above Fax ( )
Lic. No.
Federal Emp. No.

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 $ 200

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
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 2-19-04
Approved by:

SUBCODE APPROVAL
[✓] CO [ ] CCO [✓] CA
Date: 4/28/04
Approved by: J.O'C

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

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:

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [✓] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ✓		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
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 Oil [ ] Fired Appliances		
Other		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 46-
TOTAL FEE	$

U.C.C. F140
(rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/2/03
Date Issued
Control #
Permit # 03-706

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

Block 40105 Lot 19

Work Site Location 65 Broadway Hopatcong NJ

Owner in Fee Mason

Address SAME

Tele. (973) 601-1254

Contractor Homeowner

Address SAME

Tele. ( ) SAME Fax ( )

Lic. No.

Federal Emp. No.

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 $ 200

Fire Alarm System

New [ ] Existing [X]

Location of Panel: ____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 6/3/03

Approved by:

SUBCODE APPROVAL

[ ] CO [✓] CCO [ ] CA

Date: 4/26/04

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

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:
Add Additional Smoke Detectors

Water Supply Source ____

Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [X] 110v Interconnected [ ] System	3	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)	5	
Other Devices ____		
TOTAL		
Suppression Systems		
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 Oil [ ] Fired Appliances		
Other ____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 40

U.C.C. F140
(rev. 3/96)

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

Date Issued 2/20/04
Control # C40105/19
Permit # 03-706+A

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 40105 Lot 19 Qual

Work Site Location 65 BROADWAY
UPDATE-INSTALL 275 AST
Owner in Fee MASON
Address SAME
HOPATCONG, NJ 07843-
Telephone (973)601-1254

Contractor H O M E O W N E R
Address
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. HO-

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
UPDATE-INSTALL AST

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

Estimated Cost of Work $ 500

William O'Connor
Construction Official

2/23/03
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	65
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	111
Check No.	
Cash	
Collected By	SOP

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24A

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

Date Issued 9,2,03
Control # C40105/19
Permit # 03-706

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 40105 Lot 19 Qual

Work Site Location 65 BROADWAY
ADDITION
Owner in Fee MASON
Address SAME
HOPATCONG, NJ 07843-
Telephone (973)601-1254

Contractor HICKEY F
Address 55 SHAWNEE RD
HOPATCONG, NJ 07843-
Telephone (973)398-9126
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 14-7685912

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ADDITION W/CANTILEVER

PAYMENTS (Office Use Only)

Building	173
Electrical	87
Plumbing	60
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	14
Cert. of Occupancy	60
Other Zoning	20
~~Total~~	~~440~~
Check No. 1414	460
Cash	
Collected By SBR	

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 $ 44,300

William O'Connor
Construction Official

9/2/03
Date

U.C.C. PT70 (rev. 3/96)

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit #
Date Issued

IDENTIFICATION

Block 40105 Lot 19
Work Site Location 65 Broadway

Owner in Fee Mason
Address Same

Tel. (973) 601-1254

Contractor True Tech Contracting
Address 55 Shawnee Rd.

Tel. (973) 398-9121
License No.
Federal Employee No. 147-68-5912

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ 40,000
(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.

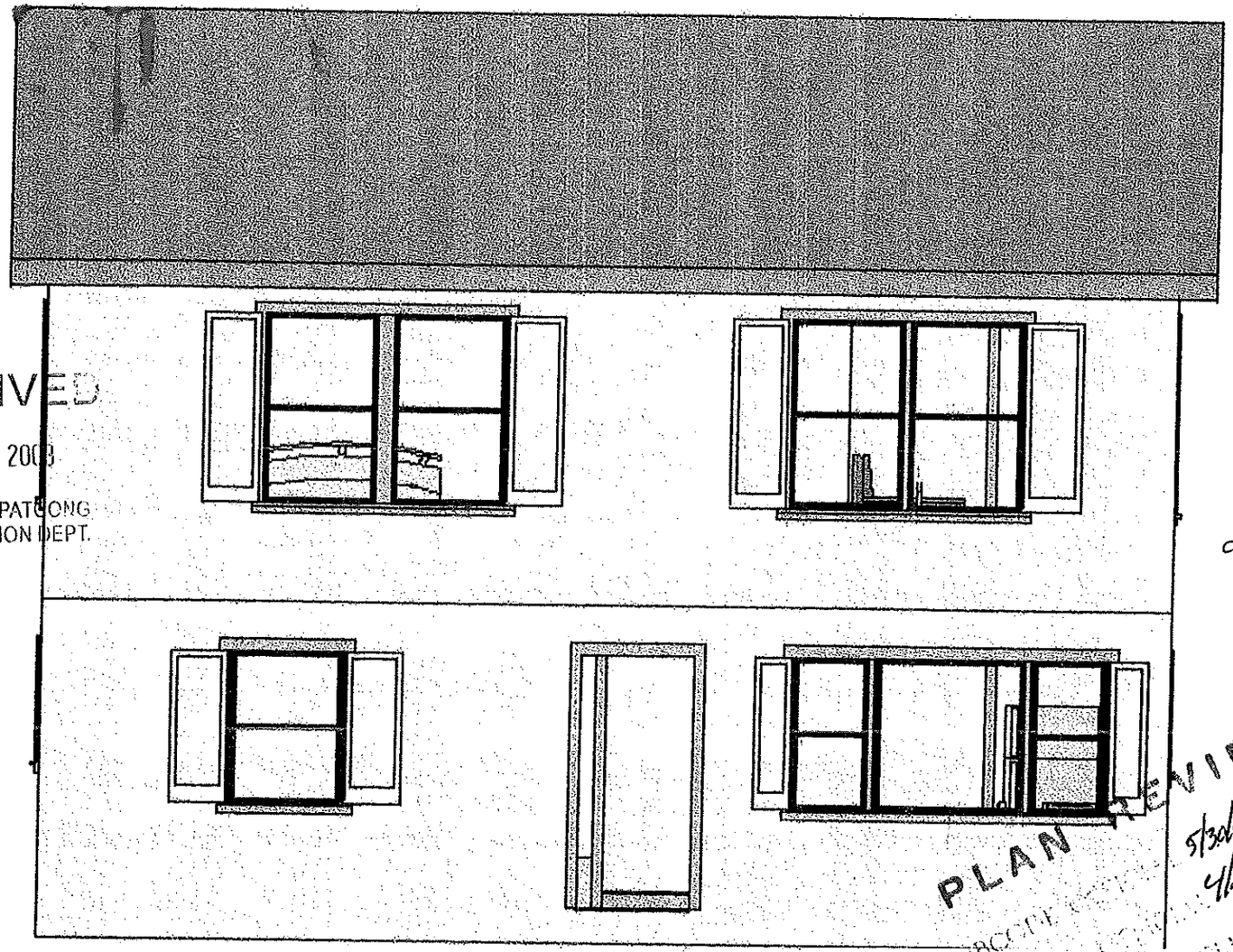
DESCRIPTION OF WORK/USE: Single Family Res.

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: Mark Mason
OWNER/AGENT

- [x] OWNER
- [ ] AGENT

U.C.C. F270
(rev. 3/96)



24'

30'

Front

RECEIVED

MAY 2 9 2003

BORO OF HOPATCONG
CONSTRUCTION DEPT.

PLAN REVIEW

BUILDING SUBCODE OFFICIAL

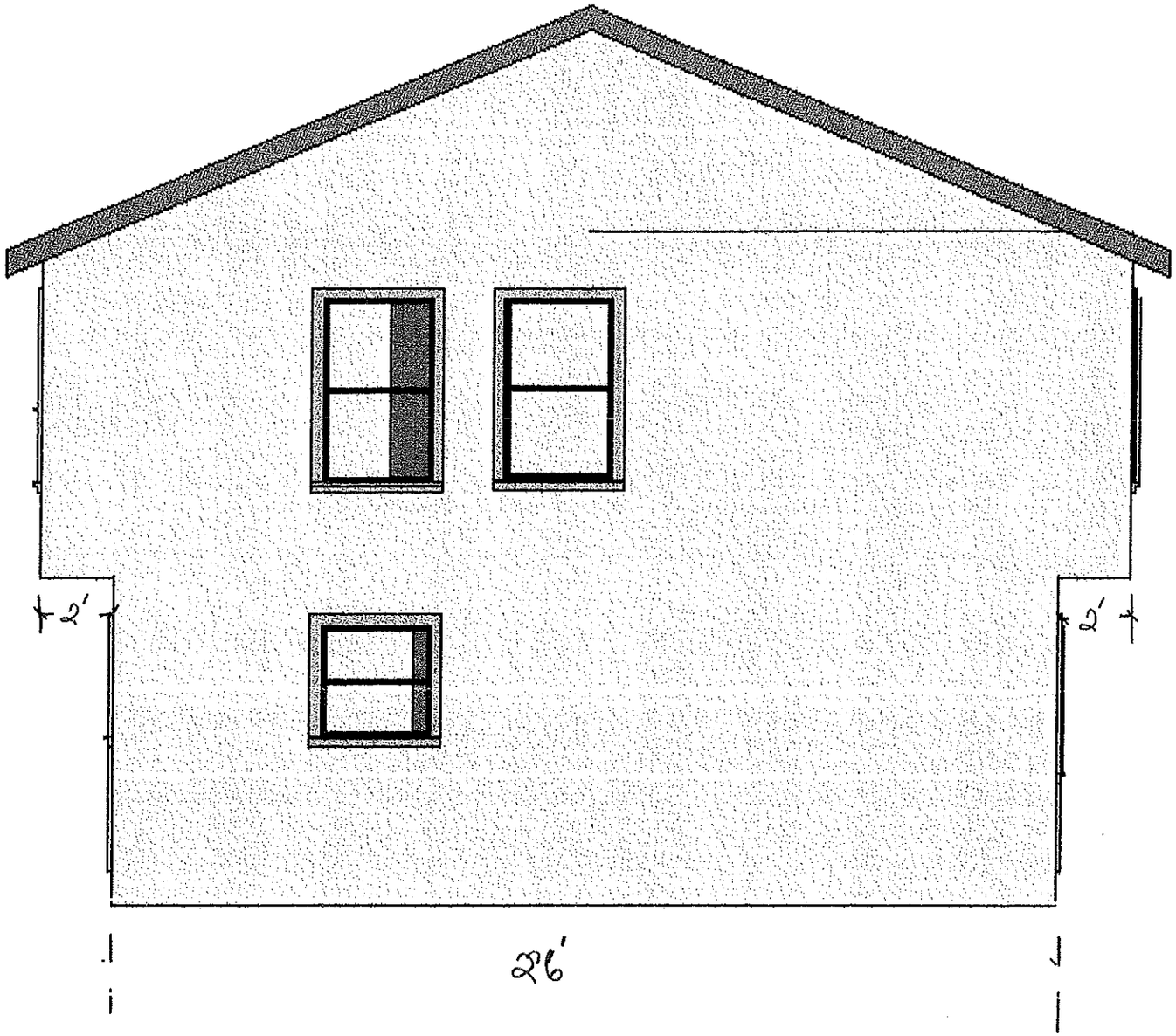
PLUMBING SUBCODE OFFICIAL

ELECTRICAL SUBCODE OFFICIAL

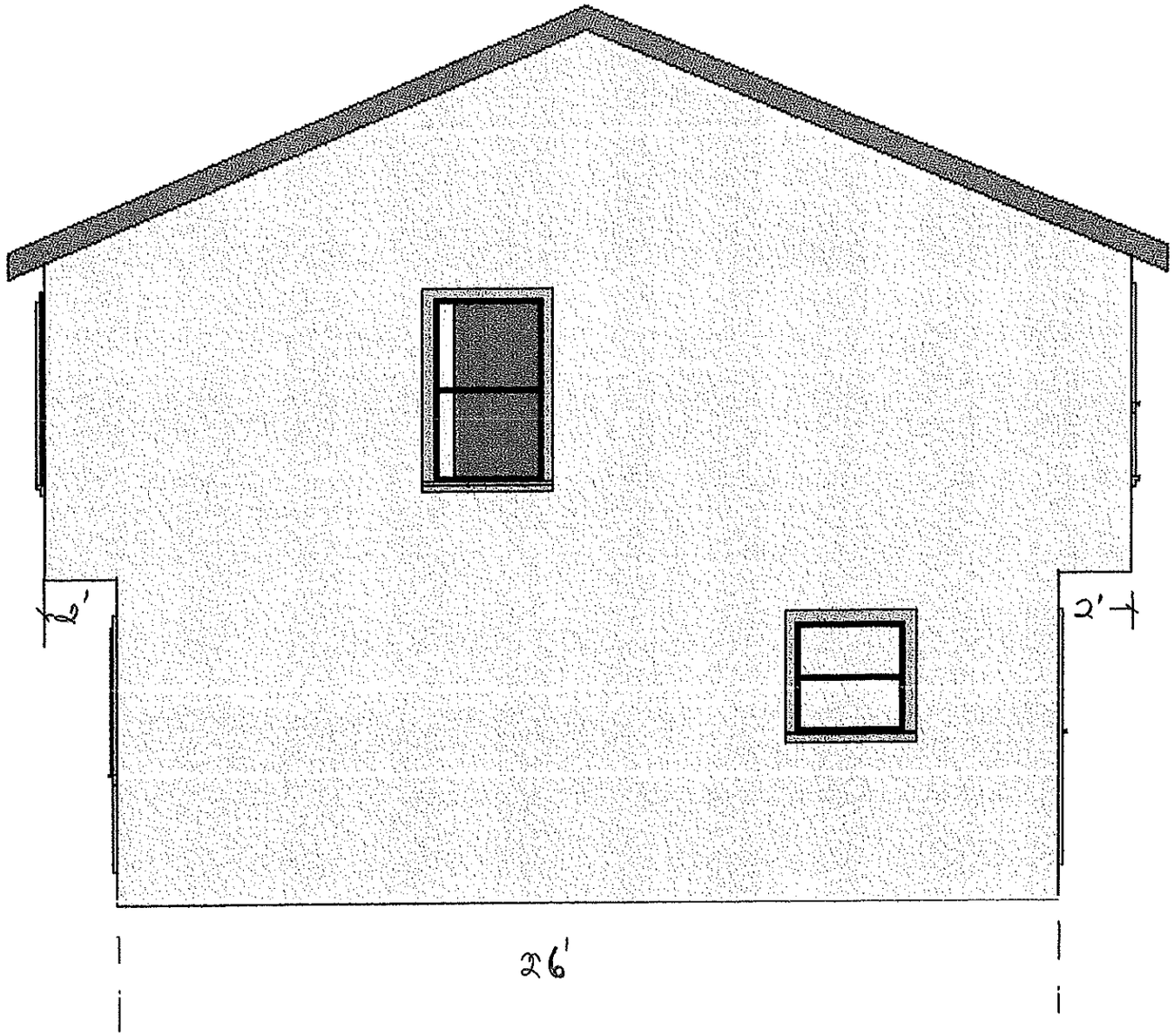
FIRE SUBCODE OFFICIAL

5/30/03 W.O.C. "AS NOTED"
4/21/03 W.O.C.
RS 4/16/03
6/5/03

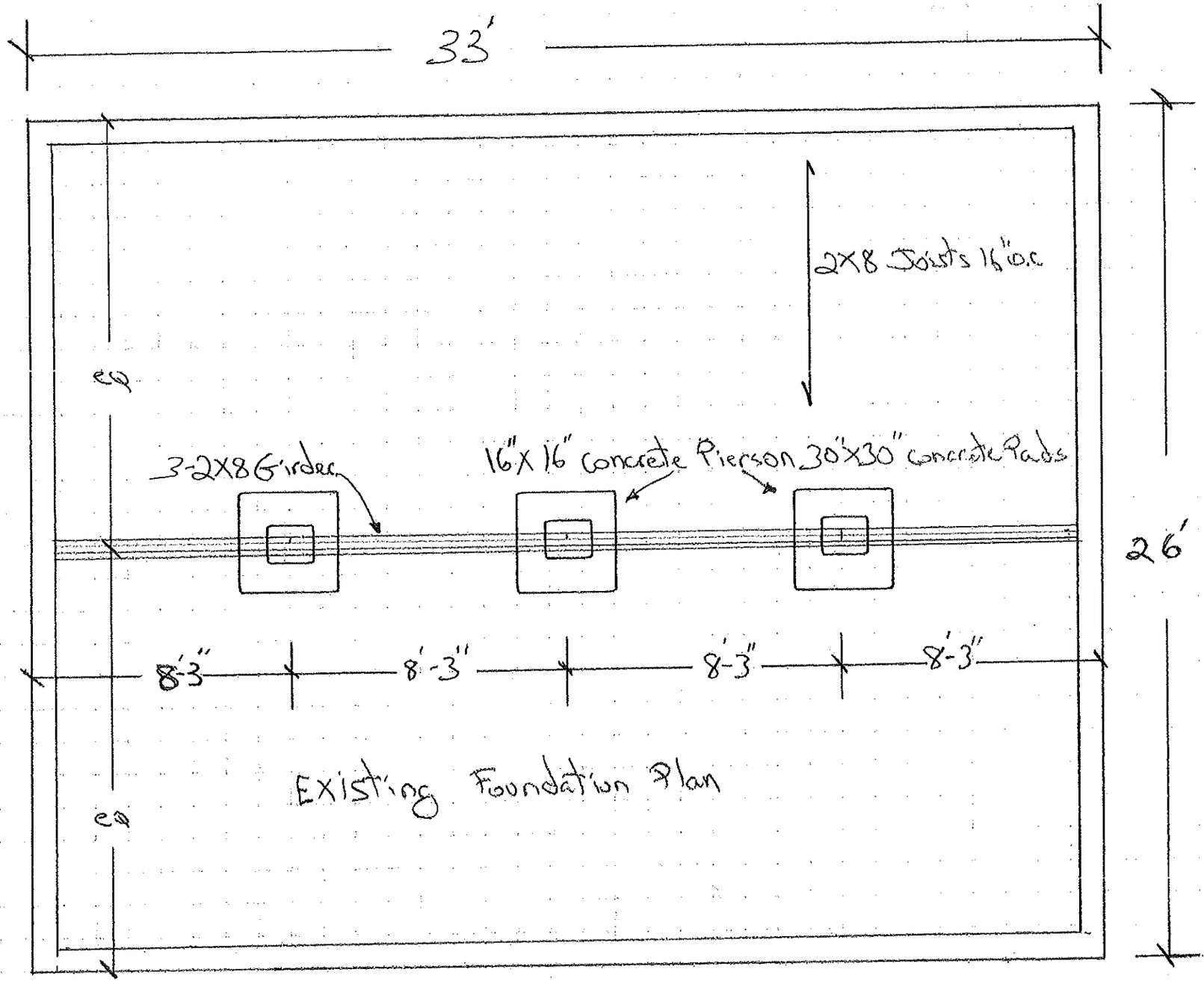
Back

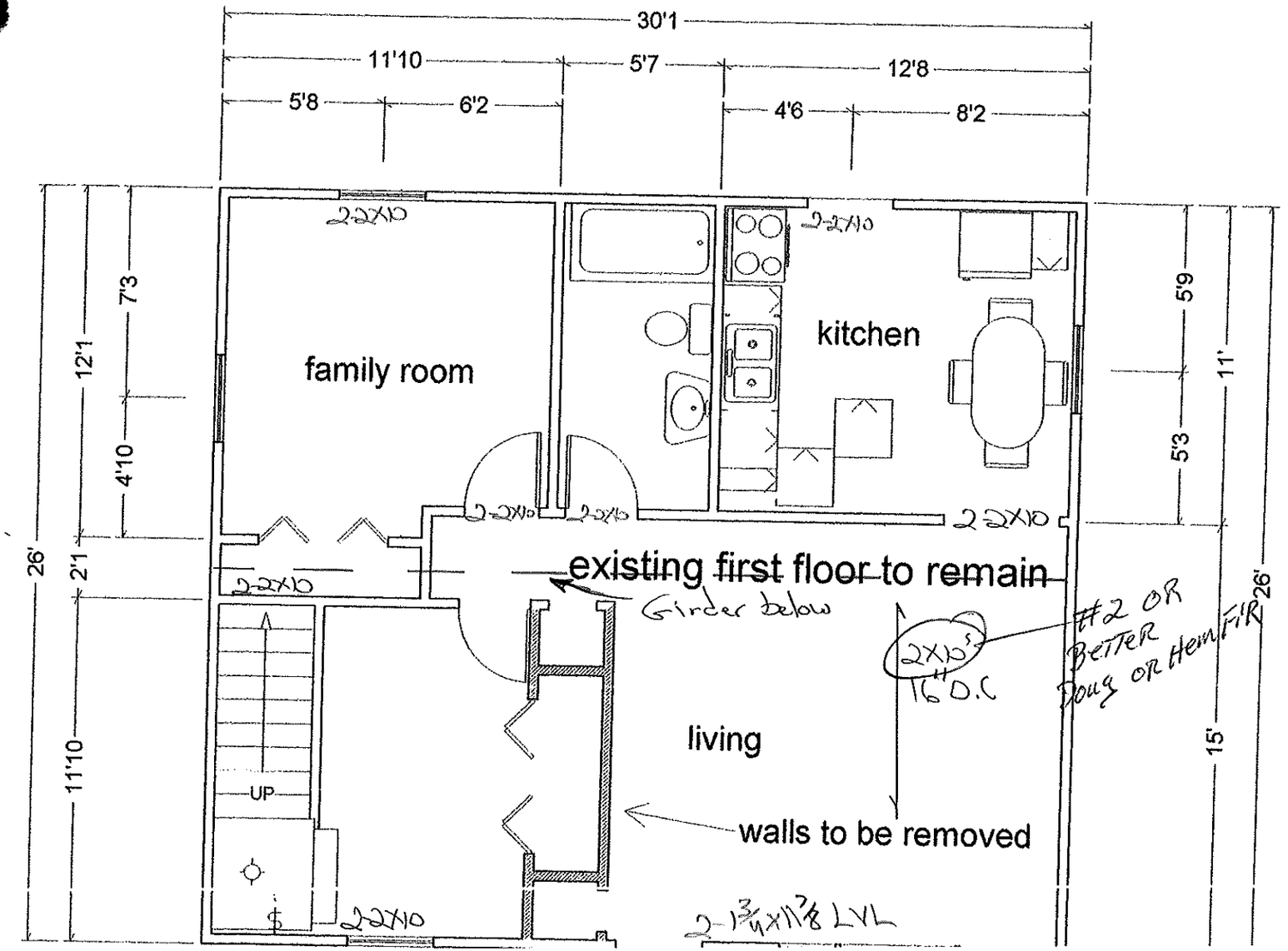


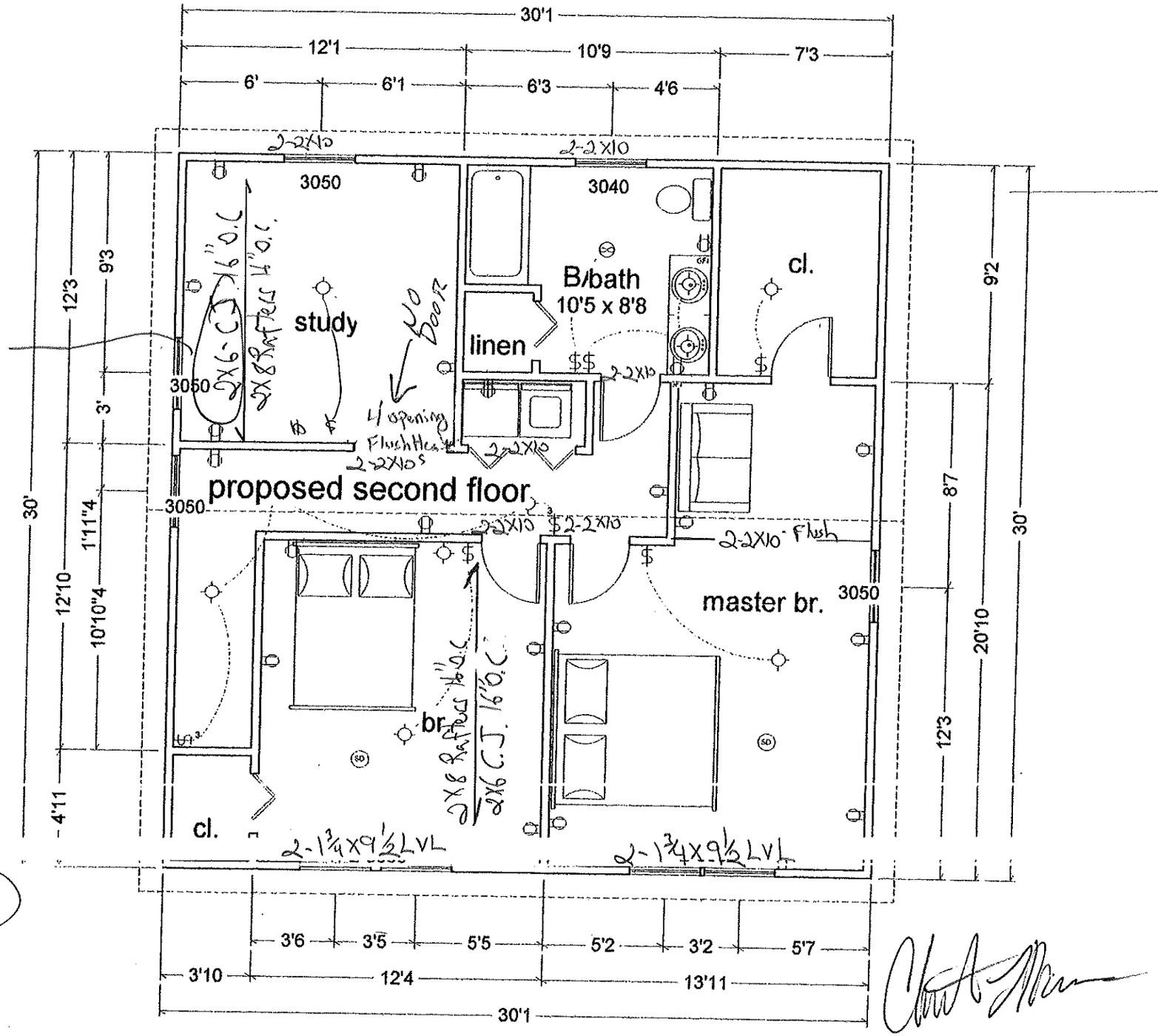
Left



Right


33'
2X8 Joists 16" o.c.
3-2X8 Girders
16"X16" concrete Pierson
30"X30" concrete Pads
26'
8'-3"
8'-3"
8'-3"
8'-3"
EXISTING Foundation Plan

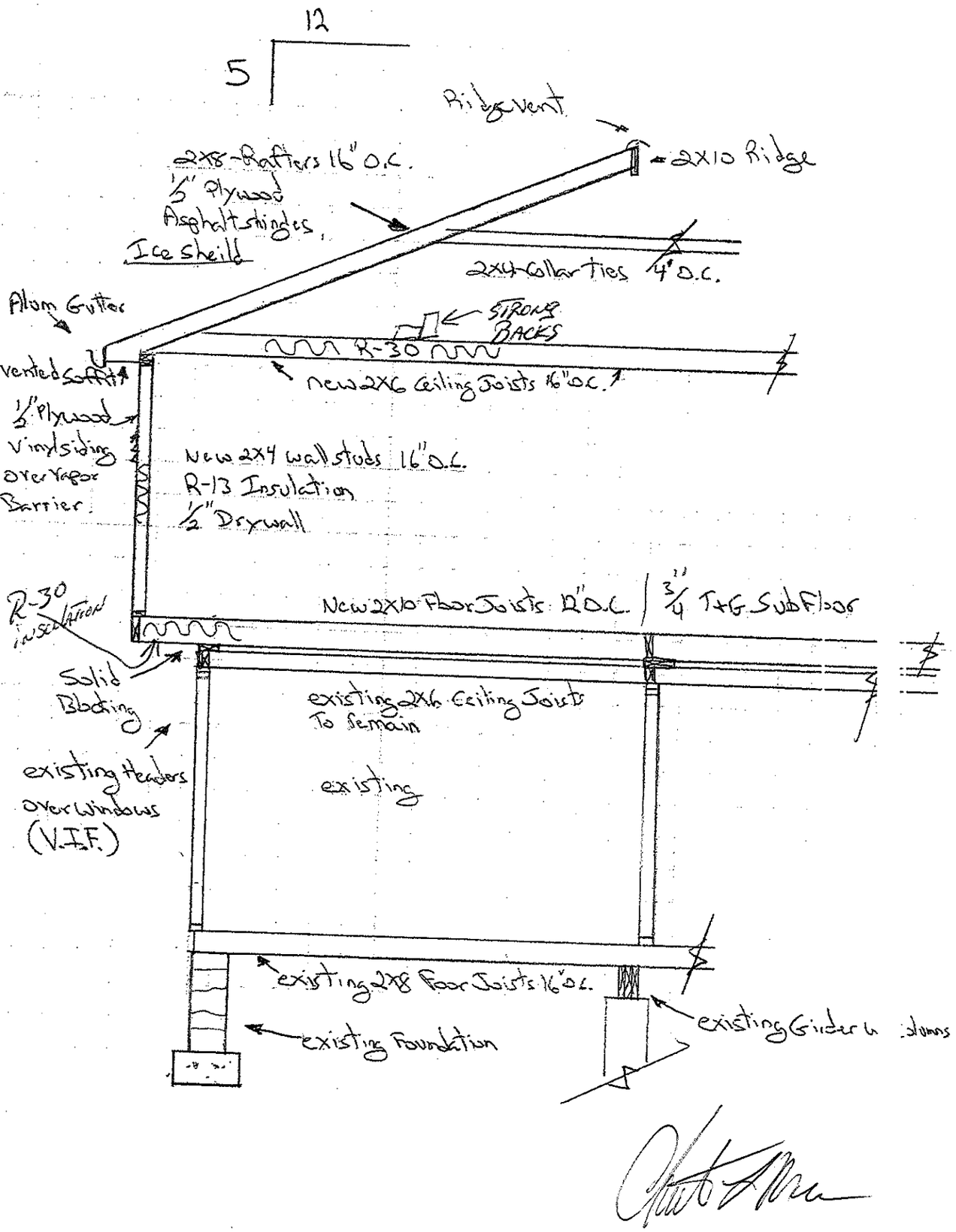

30'1
11'10
5'7
12'8
5'8
6'2
4'6
8'2
2-2X10
2-2X10
family room
kitchen
5'9
11'
5'3
7'3
12'1
4'10
26'
2'1
2-2X10
2-2X10
2-2X10
2-2X10
existing first floor to remain
Girder below
2X10's
16" O.C
#2 OR BETTER Doug or Hem FIR
26'
15'
11'10
living
UP
walls to be removed
2-2X10
2-1¾x11⅞ LVL
1"=5'
6'7
4'9
2'
5'2
3'2
3'2
2'8
11'4
2'7
16'2
30'1



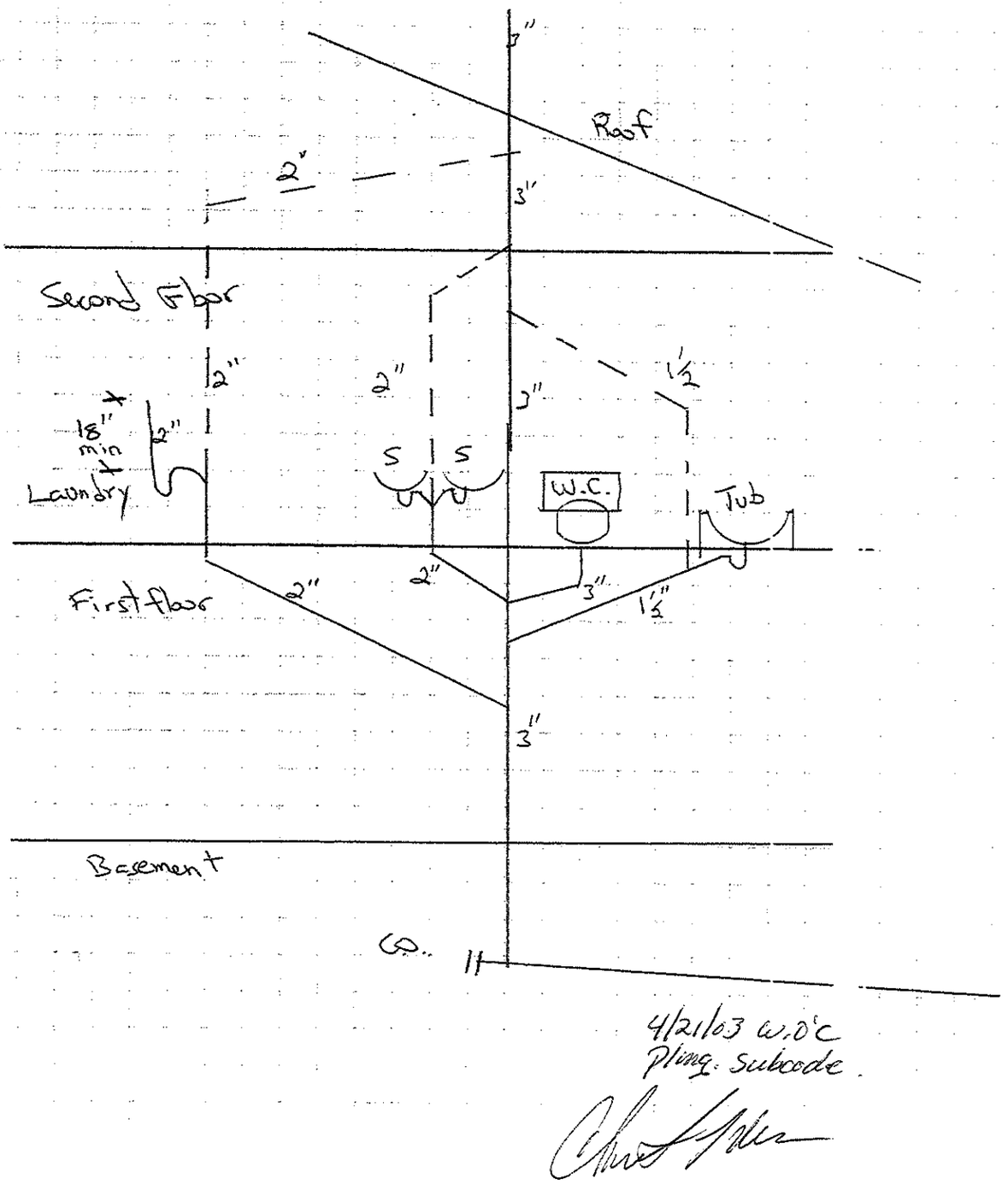
NOTE;
IF 2x6
ARE used
THERE CAN'T
be ANY ATTIC
STORAGE.

1" = 5'

Building Section



Plumbing



4/21/03 w.o'c
Plmg. subcode

REQUEST FOR 200 FOOT LIST

Please call after Monday 973-898-9126

Clear

Name: CHRIS MASON

Mailing Address: 65 BOONTON AVE.

Property Address: SAME (& 61-63)

Block: 40105 Lot: 19 Zone: R1

Description of proposed work: SECOND FLOOR ADDITION

PLOT PLAN OR SURVEY MUST BE ATTACHED TO THIS APPLICATION

CMN

Signature

11/6/02

date

FOR OFFICE USE

variances required:
1. 77-4001 MINIMUM LOT SIZE
2. 77-4004 FRONT YARD SETBACK
3. 77-4005 SIDE YARD SETBACK
4.
5.
6.
7.
8.
9.
10.

William C Rego

Zoning Officer's signature

11/6/02

date

date paid: 11/6/02
check #: CASH
permit #:

date received by Assessor: 11/6/02
date completed by Assessor: 11/6/02

Borough of Hopatcong
MUNICIPAL BUILDING
111 RIVER STYX ROAD
HOPATCONG, NEW JERSEY 07843-1535
(973) 770-1200
FAX: (973) 770-0301
FAX: (973) 398-3650 - Health Dept.
web site: http:\\www.hopatcong.org

November 12, 2002

William C. Ridge, Zoning Officer
Hopatcong Borough
111 River Styx Road
Hopatcong, NJ 07843

RE: Building Expansion
65 Broadway
Block 40105 Lot 19

I have reviewed the owner's before and after floor plans; and as per the owner's affidavit, the number of bedrooms will be conserved at two (2). The septic system has been evaluated and found to be functioning adequately.

Respectfully,

Gary W. Landiak
REHS

Chris & Kimberly Mason
65 Broadway
Hopatcong NJ 07843
Ph. 973-601-1254

Block: 40105
Lot: 19

Borough of Hopatcong
111 River Styx Rd.
Hopatcong NJ 07843

Dear Borough officials;

This letter is a brief description of the proposed construction on said property. The existing first floor master bedroom will removed and the space will become stairwell / living room. The existing bedroom #2 will be removed and become a new family room. The proposed second floor will include a new master bedroom with a walk in closet, bathroom, second bedroom with closet, laundry area and a small study. As indicated on the plans and application the existing number of bedrooms is 2 and the proposed number of bedrooms is 2. If I may be of further assistance please call.

Sincerely;

Chris Mason

State of New Jersey
County of Morris
Subscribed & Sworn before me this
12th day of November 2002.

DINA A. ROLLO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires June 19, 2005

[redacted]

INSPECTION REPORT

(5) GENERAL INFORMATION

Age of system: (if known) Tank _____ Years Leaching field or Pit: _____ Years
Number of people occupying dwelling currently 2
If currently unoccupied, how long has it been vacant? 10 YRS SUMMER HOME
Number of bedrooms: 2
Water supply to building: X Well: _____ Community well: _____ Public water supply
_____ Lake

(6) SEPTIC TANK EVALUATION

TYPE OF SEPTIC TANK: ___ Cesspool X Single compartment
___ Two compartment ___ Multiple tanks

CLEANOUT OF TANK ACCESSIBLE? N (y/ n) At what depth below grade? 2"

TANK CONSTRUCTION: _____ Concrete _____ Plastic _____ Fiberglass
X Metal _____ Other: _____

VOLUME OF TANK: 500 Gallons

TANK COMPONENTS:	PRESENT (y / n)	TYPE	CONDITION (Good, Fair, Poor)
General tank		STEEL	FAIR
Inlet sewer line		PVC	Good
Inlet baffle	Y	PVC	Good
Outlet baffle	Y	STEEL	FAIR
Effluent filter			
Compartment Wall	Y	STEEL	FAIR

Has there been any indications of previous higher than normal levels of septage in the tank? N (Y/N)
What is actual distance between liquid level in tank and tank ceiling? 8+ inches
What is the liquid level in relation to the outlet? FLT Good

INSPECTION REPORT

If septic tank was pumped, did sewage flow back into the tank from the leaching fields or pits? N (Y/N)
(this may indicate either, the system is flooded or, there is blockage occurring in the distribution system)

What was the amount of solid build-up in the tank at the time of the inspection?
_____ Excessive _____ Normal X Light

COMMENTS HOUSE WAS USED AS A SUMMER RESIDENCE BEFOR NEW OWNER MOVED IN. DUE TO THE LOCATION OF SYSTEM I BELIVE THERE IS A SEEPAGE PIT NEARBY NOT A BED. SYSTEM WAS ALSO INSPECTED 2 YEARS AGO IN 2000. OK

RECOMMENDATIONS NEW CONCRETE TANK MAY NEED TO BE INSTALLED IN THE FUTURE.

JOSEPH MUZZILLO
INSPECTOR'S NAME (printed or typed)

INSPECTOR'S SIGNATURE

PROFESSION: CONTRACTOR LIC. NO. 1230 HOPATCONG DATE: 11-9-02

ZONING PERMIT

Borough of Hopatcong

MUNICIPAL BUILDING
111 RIVER STYX ROAD
HOPATCONG, NEW JERSEY 07843-1535
(973) 770-1200
FAX: (973) 770-0301
FAX: (973) 398-3650 - Health Dept.
web site: http:\\www.hopatcong.org

NAME: Chris Mason

ADDRESS: 65 Broadway

PHONE (day): 973-601-1254 (evening): 973-601-1254

BLOCK: 40 105 LOT: 19 ZONE: R1

1. describe what the property is currently being used for:
Single family Res.

2. property located on a developed or undeveloped Borough Roadway Yes (No) (circle one)

3. describe what this application is for:
Construction of Second Floor Addition

4. attach a plot plan or survey map of the premises showing the dimensions and existing structures.

5. has the above premises been subject to any Planning Board or Zoning Board of Adjustment approvals? yes \ (no) (circle one)

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 made on the attachments are true and complete to the best of my knowledge.

X 10-30-02
date

X [signature]
signature of applicant

FOR OFFICE USE

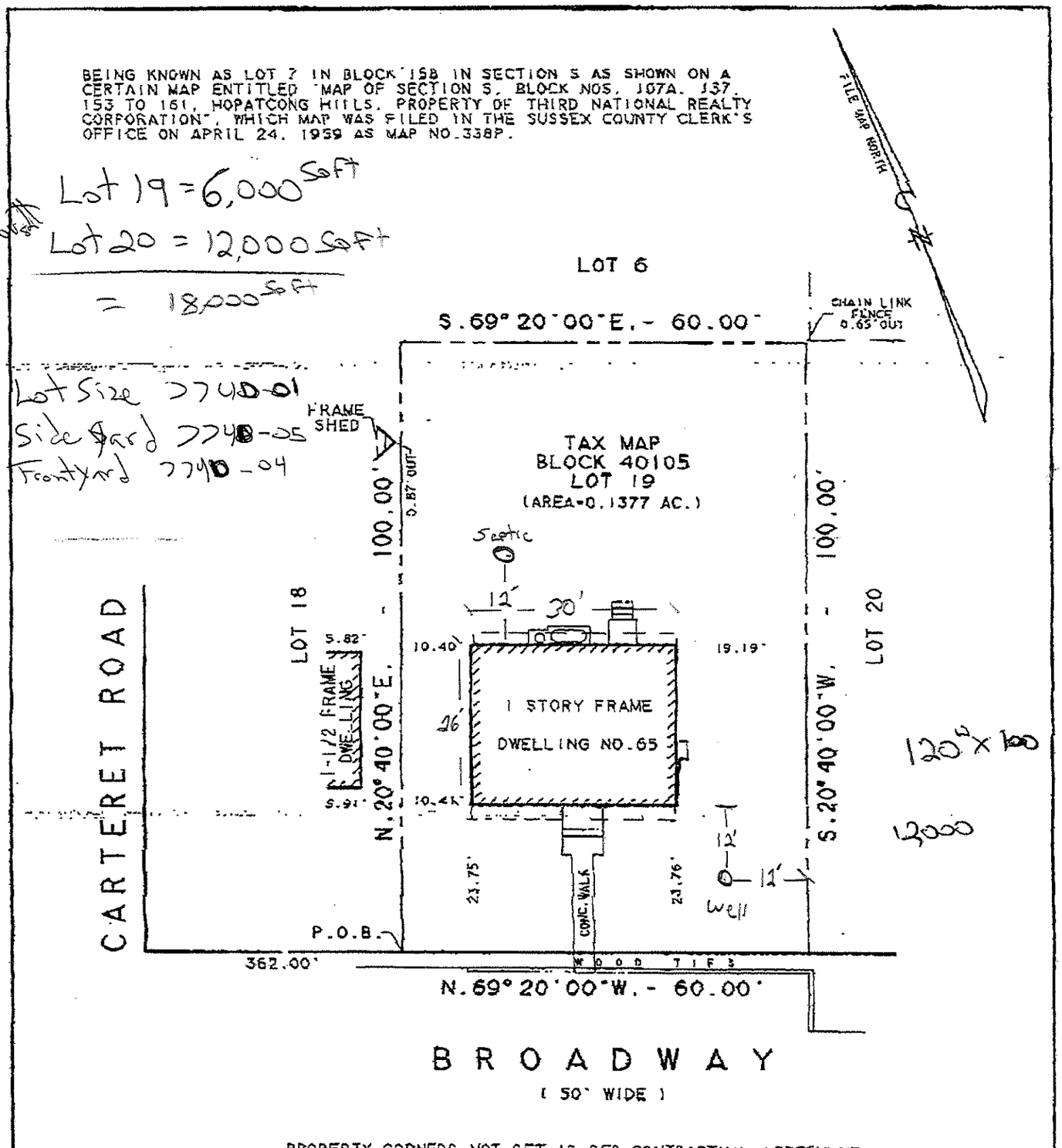
Board of Health approval: (yes) \ no \ na must Complete Septic Review

approved: yes \ (no)

reason for denial/comments: 77-4001 minimum Lot Size 77-4004 Front yard Setback 77-4005 Side yard Setback

11/6/02
date

William C Ridgo
Zoning Officer



PROPERTY CORNERS NOT SET AS PER CONTRACTUAL AGREEMENT

THIS SURVEY IS CERTIFIED TO:

PATRICIA ARNOLD, single and NICHELINA KEEFE, single

MORTGAGE ACCESS CORP., its successors and/or assigns as

PROPERTY SURVEY OF LOT 19 IN BLOCK 40104, BOROUGH OF HOPATCONG SUSSEX COUNTY - NEW JERSEY

Chris & Kimberly Mason
65 Broadway
Hopatcong NJ 07843
Ph. 973-601-1254

Block: 40105
Lot: 19

Borough of Hopatcong
111 River Styx Rd.
Hopatcong NJ 07843

Dear Borough officials;

This letter is a brief description of the proposed construction on said property. The existing first floor master bedroom will removed and the space will become stairwell / living room. The existing bedroom #2 will be removed and become a new family room. The proposed second floor will include a new master bedroom with a walk in closet, bathroom, second bedroom with closet, laundry area and a small study. As indicated on the plans and application the existing number of bedrooms is 2 and the proposed number of bedrooms is 2. If I may be of further assistance please call.

Sincerely;

Chris Mason

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

Date Issued 02/23/05
Control #
Permit # 05-157

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 40105 Lot 19 Qual
Work Site Location 65 BROADWAY
REPLACE FURNACE
Owner in Fee/Occupant MASON
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 601-1254
Contractor WHALECO/CAMPBELL-PRATT
Address 260 RT L0
WHIPPANY, NJ 07981-
Telephone (976)887-2400 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 06-1207261

Home Warranty No.
[ ] State [ ] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

REPLACE FURNACE

[ ] 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. 5666
Collected by: SJH

William O'Connor
Construction Official

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

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/1/05
Date Issued
Control #
Permit # 05-157

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

Block 40105 Lot 19
Work Site Location 65 BROADWAY HO PAT CONG
Owner in Fee KIM MASON
Address SAME
Tele. (973) 605-1254
Contractor PETRO OIL
Address 260 RT. 10 WHIPPANY N.J 07981
Tele. (973) 952-5223 Fax ( )
Lic. No.
Federal Emp. No. 061-207-261

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [X] Oil [ ] Electric [ ] Solar
[ ] Other ____
Location: ____
Total Cost of Fire Protection Work $ 3007.06

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
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 1-7-05
Approved by: JOE KING

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 1-11-05
Approved by: JOE KING

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other ____				

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.

JOE KING
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE FURNACE

Water Supply Source ____
Method of Alarm/Suppression System Supervision ____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices ____		
TOTAL		
Suppression Systems		
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 Oil [X] Fired Appliances		
Other FURNACE	1	

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 46

U.C.C. F140
(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 2/1/05
Control # C40105/19
Permit # 05-157

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 40105 Lot 19 Qual

Work Site Location 65 BROADWAY
REPLACE FURNACE
Owner in Fee MASON
Address SAME
HOPATCONG, NJ 07843-
Telephone (973)601-1254

Contractor WHALECO/CAMPBELL-PRATT
Address 260 RT LO
WHIPPANY, NJ 07981-
Telephone (976)887-2400
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 06-1207261

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE FURNACE

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 $ 3,007

William O'Connor
Construction Official

2/3/05
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other	
Total	50
Check No.	56666
Cash	
Collected By	SDH

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

CHIMNEY CERTIFICATION
FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK 40105 LOT 19 PERMIT # _____

WORK SITE ADDRESS 65 BROADWAY

Applicant _____

Certifying Individual JOE KRZYWICKI Company PETRO OIL CO.

Address 260 RT 10 (Street) WHIPPANY (City) NEW JERSEY (State) 07981 (Zip Code)

Tel. (973) 887-2400

Check the Appropriate Box

Type of Replacement:

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

Existing Vent/Chimney:

[ ] B Label Vent
[ ] L Label Vent
[✓] Masonry Chimney — Tile Lined
[ ] Flexible Liner
[ ] Power Vent/Exhauster
[ ] Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstruction and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

_____ _____
Signature Date

Oil to Oil or ~~Gas to~~ Gas Replacements:

I hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing chimney/vent is appropriately lined and sized for the appliance being installed.

Joe Krz 1-5-05
Signature Date

Certification Not Submitted:

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

_____ _____
Signature Date

Direct Vent Appliance:

No certification required:

_____ _____
Signature Date

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION.

U.C.C. F370
(rev. 3/96)

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

Date Issued 01/30/07
Control #
Permit # 06-1860

UCC NEW JERSEY CERTIFICATE

Grants

IDENTIFICATION

Block 40105 Lot 19 Qual
Work Site Location 65 BROADWAY

Owner in Fee/Occupant MASON
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 601-1254
Contractor LARRY BANNAT
Address 6 LONGWOOD LAKE RD.
OAK RIDGE, NJ 07438-
Telephone (973)697-9639 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-172

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

SEWER CONNECTION

[ ] 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'Brien
Construction Official

Fee $ 0
Paid [X] Check No. 2596
Collected by: SJH

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

RECEIVED

AUG 28 2006

BOROUGH OF HOPATCONG
CONSTRUCTION DEPT.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 9/1/06

Date Issued Permit # 06-1860

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

Block 4101 Lot 19 Qualification Code

Work Site Location 65 Broadway

Owner in Fee: Mason, C

Tel. (973) 601-1254 e-mail

Address
street municipality zip code

Contractor: Bennet Tel. ( ) 697-9639

Address Oak Ridge e-mail

Contractor License No. 11172 Exp. Date

Federal Employee No. FAX: ( )

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 $ 1200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[4] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 8/30/06

Approved by: WDC

SUBCODE APPROVAL

[ ] CO [ ] CCO [4] CA

Date: 11/1/06

Approved by: WDC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer			11/1/06	WDC
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

TANK Pumped And Filled-11/1/06
Pit Filled-11/1/06

Applicant's Signature/Contractor's Seal and Signature

[ ] 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	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
X	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 65

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

U.C.C. F130
(rev. 05/05)

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

Date Issued 9/1/06
Control # C40105/19
Permit # 06-1860

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 40105 Lot 19 Qual

Work Site Location 65 BROADWAY

Owner in Fee MASON
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 601-1254

Contractor LARRY BANNAT
Address 6 LONGWOOD LAKE RD.
OAK RIDGE, NJ 07438-
Telephone (973) 697-9639
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 11-172

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SEWER CONNECTION

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	65
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	2
Cert. of Occupancy	0
Other	
Total	67
Check No.	#2596
Cash	
Collected By	DP

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 $ 1,200

William O'Connor
Construction Official

8/30/06
Date

#148453

U.C.C. F170 (rev. 3/96)

ZONING PERMIT

Borough of Hopatcong

MUNICIPAL BUILDING
111 RIVER STYX ROAD
HOPATCONG, NEW JERSEY 07843-1535
(973) 770-1200
FAX: (973) 770-0301
FAX: (973) 398-3650 - Health Dept.
web site: http:\\www.hopatcong.org

NAME: Chris Mason

ADDRESS: 65 Broadway

PHONE (day): 973-601-1254 (evening): 973-601-1254

BLOCK: 40 105 LOT: 19 ZONE: R1

1. describe what the property is currently being used for:
Single family Res.

2. property located on a developed or undeveloped Borough Roadway Yes (No) (circle one)

3. describe what this application is for:
Construction of Second Floor Addition

4. attach a plot plan or survey map of the premises showing the dimensions and existing structures.

5. has the above premises been subject to any Planning Board or Zoning Board of Adjustment approvals? yes \ (no) (circle one)

I hereby make application for a Zoning Permit for the changes described ab
and on the attached plot plan or survey map. I understand that this is no
building permit which requires a separate application. I certify that
answers to the above questions and any statements made on the attachments
true and complete to the best of my knowledge.

X 10-30-02
date

X [signature]
signature of applicant

FOR OFFICE USE

Board of Health approval: (yes) \ no \ na must Complete Septic Renew

approved: yes \ (no)

reason for denial/comments: 77-4001 minimum lot Size 77-4004 Front
yard Setback 77-4005 Side yard Setback

11/6/02
date

William C Ridgo
Zoning Officer

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

Date Issued 04/26/17
Control #
Permit # 17-248

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 40105 Lot 19 Qual
Work Site Location 65 BROADWAY
GAS PIPING
Owner in Fee/Occupant ROBINSON ELAINE
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) 398-3919
Contractor EASTERN PROPANE
Address 255 OAK RIDGE RD
OAK RIDGE, NJ 07438-
Telephone (973)697-3111 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Home Warranty No.
[ ] State [ ] Private
Use Group R-5
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

GAS PIPING

[ ] 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. 1084
Collected by: SJT

William O'Connor
Construction Official

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

PLUMBING SUBCODE
TECHNICAL SECTION

RECEIVED
MAR 29 2017
BOROUGH OF HOPATCONG
CONSTRUCTION DEPT.

Date Received 4/5/2017
Control #

Date Issued
Permit # 17-248

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

Block 40105 Lot 19 Qualification Code

Work Site Location 65 Broadway Hopatcong NJ 07843

Owner in Fee: Elaine Robinson

Tel. (973) 398-3919 e-mail

Address 65 Broadway (street) Hopatcong (municipality) NJ (zip code) 07843

Contractor:

Address EASTERN PROPANE CORP.
255 OAK RIDGE ROAD
OAK RIDGE, NJ 07438
973-697-3111 X-213; FAX 973-208-7849
FED ID #22-1578942; LIC #LPG-002, Exp.8/15/18

Contractor License
Home Improvement
Federal Emp. ID N

B. PLUMBING CHA

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 600.00

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: Jean R Crowell

[ ] Licensed Plumbing Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Install 2 124 gallon tanks and run gas line to range

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date 04/04/17 Approved by: WDC
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 04/04/17
Approved by: WDC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 04/10/17
Approved by: WDC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping			04/04/17 WDC	- Press Test
LPGas Tank			04/10/17 WDC	
Fuel Oil Piping				
Solar				
TCO				
Final				

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
✓	Fuel Oil Piping	
	Gas Piping	
2	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$ 55
State Permit Surcharge Fee	$
TOTAL FEE	$

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

Date Issued 4/5/2017
Control # C40105/19
Permit # 17-248

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 40105 Lot 19 Qual

Work Site Location 65 BROADWAY
GAS PIPING
Owner in Fee ROBINSON ELAINE
Address SAME
HOPATCONG, NJ 07843-
Telephone (973)398-3919

Contractor EASTERN PROPANE
Address 255 OAK RIDGE RD
OAK RIDGE, NJ 07438-
Telephone (973)697-3111
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. -

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
GAS PIPING

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 $ 600

William O'Connor
Construction Official

04/04/17
Date

Certificate of Occupancy Fee

Certificate of Occupancy

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	55
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	56
Check No.	1084
Cash	
Collected By	SBT

#69118

Jersey Central Power & Light
A FirstEnergy Company

40105
19

Terminated Account(s) are as follows:

Account Name: ELAINE J ROBINSON
Service Address: 65 BROADWAY HOPATCONG NJ 07843
Account Name:
Service Address: OPATCONG NJ 07843
Account Name.
Service Address HOPATCONG NJ 07843
Account Name:
Service Address:
Account Name:
Service Address:
Account Name:
Service Address:
Account Name:
Service Address:
Account Name:
Service Address:
Account Name:
Service Address:
Account Name:
Service Address:

Jersey Central Power & Light
A FirstEnergy Company

RECEIVED
SEP 03 2015
BOROUGH OF HOPATCONG
CONSTRUCTION DEPT.

2800 Pottsville Pike
PO Box 16001
Reading PA 19612-6001
800-545-7741

August 31, 2015

Copy to - Tax Assessor
- Tax Collector
- Zoning
- Clerk

HOPATCONG BOROUGH
ROBERT ELIA (TOWN OFFICIAL)
111 RIVER STYX RD
HOPATCONG NJ 07843

RE: Terminated Account(s)

Dear HOPATCONG BOROUGH:

As requested, this is to notify you that the residential accounts listed on the enclosure were disconnected on 08/27/2015. The last time we notified you of a disconnection in your area was 08/06/2015.

If we can be of any assistance, please let us know.

Sincerely,

JCP&L
A FirstEnergy Company

Enclosure

HOPATCONG BOROUGH ZONING BOARD OF ADJUSTMENT

RESOLUTION OF MEMORIALIZATION

Approved: January 8, 2003
Memorialized: February 12, 2003

**IN THE MATTER OF CHRIS MASON
APPLICATION FOR VARIANCES FOR
MINIMUM LOT SIZE, MINIMUM FRONT
YARD SETBACK, AND MINIMUM SIDE
YARD SETBACK TO PERMIT
CONSTRUCTION OF A SECOND
STORY ADDITION TO AN EXISTING
SINGLE-FAMILY HOME.
BLOCK 40105, LOT 19**

WHEREAS, Chris Mason (hereinafter known as the "Applicant") has applied to the Borough of Hopatcong Zoning Board of Adjustment (hereinafter known as the "Zoning Board") for variances for minimum lot size, minimum front yard setback and minimum side yard setback to permit the construction of a second story addition to an existing single-family home, and

WHEREAS, the application was deemed complete at the regular meeting of the Zoning Board held on January 8, 2003, and

WHEREAS, a public hearing was held on January 8, 2003, at which time the Zoning Board rendered its decision on the application, and

WHEREAS, it being determined that the Applicant has complied with all of the rules, regulations and requirements of the Borough of Hopatcong Land Use Ordinances, requirements of the Municipal Land Use Law, and all of the required provisions of compliance having been filed with the Zoning Board, and proper notice having been given in accordance with the ordinance and statutory requirements, and

WHEREAS, the Zoning Board having considered the testimony and reviewed the documentary evidence submitted by the Applicant and its consultants and the Zoning Board staff.

NOW, THEREFORE, BE IT RESOLVED that the Zoning Board of Adjustment of the Borough of Hopatcong makes the following findings of fact and conclusions:

The Applicants are the owners of a single-family home located in the R-1 zone at 65 Broadway. The lot on which the dwelling is located is shown as Lot 19. This parcel has an area of 6,000 s.f. with a length of 100 feet and a width of 60 feet. The existing dwelling house is a one-story frame structure. The Applicant also owns the adjacent parcel which is designated as Lot 20. Lot 20 contains an area of 12,000 s.f. with a width of 120 feet and a length of 100 feet. The Applicant proposes to construct a second story addition on the existing single-family home. The existing side yard setback would be maintained .

Adjoining Lot 18 is improved with an existing single-family home. The side yard setback for the Applicant's home is 10.4 feet from the side yard adjacent to Lot 18 and the side yard setback for that adjoining home is 5.82 feet from the common property line. The Applicant testified that there are no windows on the side of the house on Lot 18 and therefore, the privacy of that home should not be compromised through the second story addition. Applicant testified that the Applicant's existing home contains two bedrooms. The Applicant presented plans consisting of eight (8) pages for the proposed renovations to the stucture. The plans illustrate a front, rear, left and right view of the structure as well as a first and second floor layout. The Zoning Board noted that although the proposal presented by the Applicant shows a two-bedroom home, there is a room designated as "study" depicted on the plans for the proposed second floor. The Applicant testified that the home will be a two-bedroom home and therefor the Zoning Board finds that in order to insure that the third room designated as "study" not be used as bedroom, that the Applicant be required, in constructing the second story addition, to provide an access opening with a minimum 4-foot width or open wall area into this room which is designated as "study". This room is not to be used as a bedroom and the home is to remain a two-bedroom home with the access to the room designated as "study" to be an open access with no door.

The Zoning Board received a letter from the Health Department approving the septic system for a two-bedroom home.

The Zoning Board finds that in view of the exceptional conditions of the Applicant's parcel and in view of the limited size of the parcel, that any addition to the home would be preferable if it would be a vertical addition. Since the proposed addition will not further encroach into the setbacks of the parcel, the Applicant is entitled to variances for minimum lot size (77-40D(1), now designated as 242-38D(1) pre-existing condition), minimum front yard setback (77-40D(4), now designated as 242-40(D)(4) pre-existing condition), and minimum side yard setback (77-40D(5), now designated as 242-38(D)(5) pre-existing condition), which will not be further exacerbated except that the second story addition will maintain that setback. This approval is subject to the following terms and conditions:

1. Payment of all current fees, taxes and escrows by Applicant;

2. Approval of any other governmental entity which may have jurisdiction in this matter,

3. The dwelling is to remain a two-bedroom dwelling. The room designated in the Applicant's plans as "study" is to have an open access with a minimum width of 4 feet or an open wall area. There is to be no doorway segregating this room.

4. The variances will lapse nine (9) months from the date of publication of this decision unless construction commences within that time period in accordance with properly issued construction permits (Ordinance Provision 39A-20).

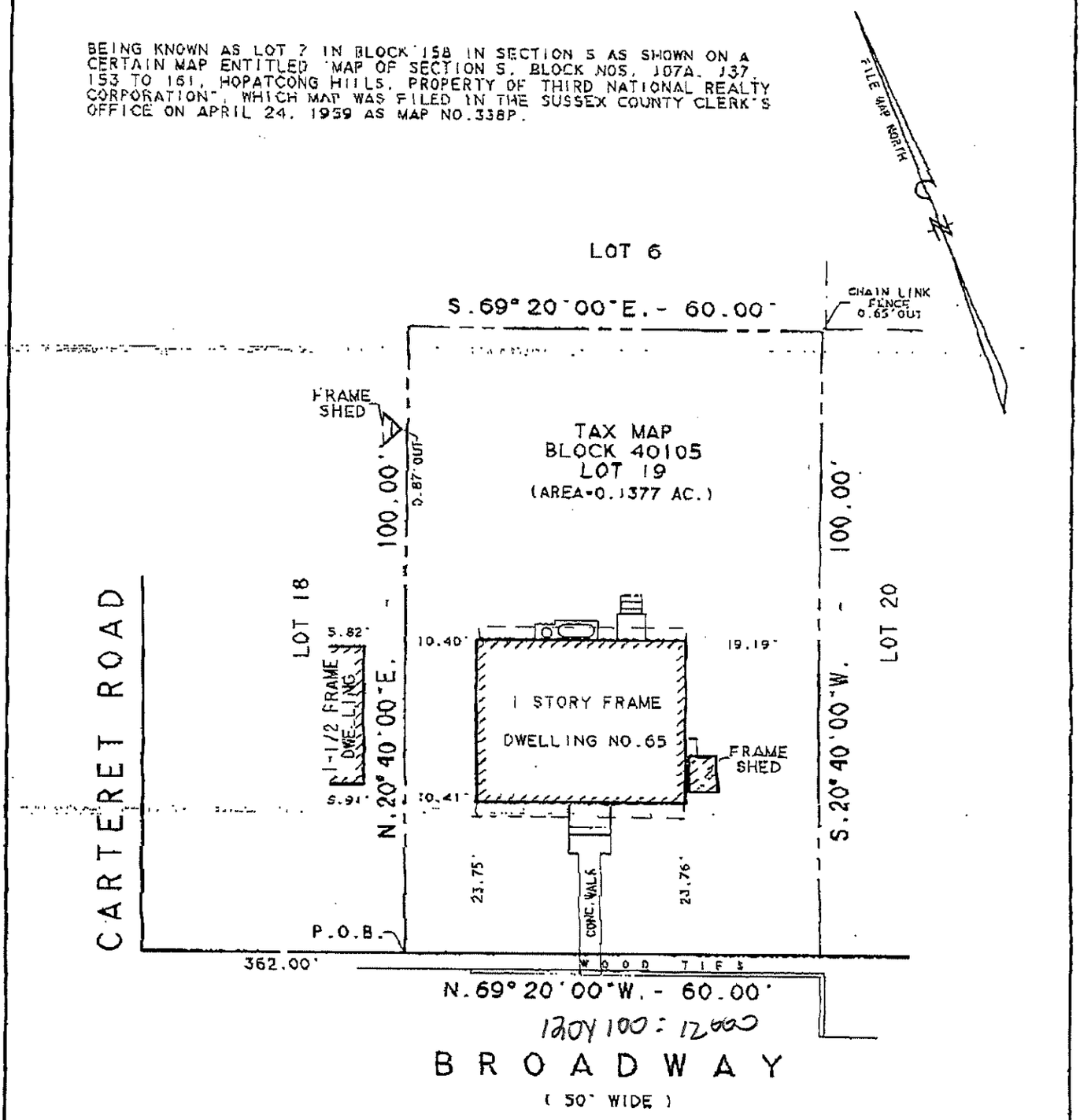
5. The improvements are to be made in accordance with the construction plans presented by the Applicant as referenced in this Resolution.

The undersigned does hereby certify that the foregoing is a true copy of the action taken by the Hopatcong Borough Zoning Board of Adjustment at its regular meeting of January 8, 2003.

Colleen Greene

WTH 1-24-03
Rev. 1-27-03

BEING KNOWN AS LOT 7 IN BLOCK 15B IN SECTION 5 AS SHOWN ON A CERTAIN MAP ENTITLED "MAP OF SECTION 5, BLOCK NOS. 107A, 137, 153 TO 161, HOPATCONG HILLS, PROPERTY OF THIRD NATIONAL REALTY CORPORATION", WHICH MAP WAS FILED IN THE SUSSEX COUNTY CLERK'S OFFICE ON APRIL 24, 1959 AS MAP NO.338P.



PROPERTY CORNERS NOT SET AS PER CONTRACTUAL AGREEMENT

THIS SURVEY IS CERTIFIED TO:

PATRICIA ARNOLD, single and NICHELINA KEEFE, single

MORTGAGE ACCESS CORP., its successors and/or assigns as their interests may appear

CHICAGO TITLE INSURANCE COMPANY/MORRIS HOME ABSTRACT COMPANY

NANCY RODIMER WAGNER, ESQ.

TO BE CORRECT AS SHOWN TO THE BEST OF MY KNOWLEDGE. THIS CERTIFICATION IS NOT TRANSFERABLE TO ADDITIONAL AGENCIES OR SUBSEQUENT OWNERS.

PROPERTY SURVEY OF LOT 19 IN BLOCK 40104, BOROUGH OF HOPATCONG SUSSEX COUNTY - NEW JERSEY

THOMAS J. REX NJPLS LIC. NO. 35870

ADVANCE LAND SERVICES

A LICENSED PROFESSIONAL LAND SURVEYING GROUP

P.O. BOX 763 GREENBROOK, N.J. (908)756-1195

SCALE: 1"=20'	DATE: 12/16/99	DRAWN BY: T.REX	CHECKED BY: H.A.R.	JOB NO.: 80500	TITLE NO.: