Laura Burns

From: Valerie Egan
Sent: Tuesday, May 24, 2022 8:51 AM
To: Laura Burns
Subject: FW: OPRA request - OPRA Request - Hopatcong

-----Original Message-----
From: Alina Santana <opra+request-32159-6936a166@requests.opramachine.com>
Sent: Monday, May 23, 2022 10:12 PM
To: Valerie Egan <Vegan@hopatcong.org>
Subject: OPRA request - OPRA Request - Hopatcong

CAUTION:

This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Hopatcong Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

I am requesting all open/closed/requested permits, history, background, anything related to the current existing land and structure located at 9 Sand Harbor Road Hopatcong NJ 07843.

3/306-10
NO OPEN PERMITS
emailed entire file (LB)

Thank you for your help,
Alina

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-32159-6936a166@requests.opramachine.com

Is vegan@hopatcong.org the wrong address for OPRA requests to Hopatcong Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=hopatcong_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/10/92
Date Issued 3/10/92
Control #
Permit # 11756

RECEIVED
MAR 1 0 1992
BORO OF HOPATCONG
CONSTRUCTION D...

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

Block 31306 Lot 10
Work Site Location 9 San harbor Rd

Owner in Fee Tom Daniels
Address 9 San harbor rd
Hopatcong
Tele. (201) [redacted]
Contractor Nolan Lebg
Address 37 W River Styx Rd
Hopatcong
Tele. (______)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ______ or Social Security No.

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.

Nolan J Lebg
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Strip old roofing replace rotten sheathing then reroof

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[X] No Plans Req.	3/10/92	RCM					
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

(Dates (Month/Day))

TYPE OF WORK:	(Office Use Only) FEE
[ ] New Building	$
[ ] Addition	
[ ] Alteration	
[✓] Roofing	20-00
[ ] Siding	
[ ] Other	
[ ] Demolition	
[ ] Miscellaneous	
[ ] Fence ____ Height	
[ ] Sign ____ Sq. Ft.	
[ ] Pool	
[ ] Elevator	
[ ] Asbestos Abatement	
[ ] Other	

Administrative Surcharge $
Paid [✓] Check # Cash Minimum Fee $
Collected by: RCM. TOTAL FEE $ 20.00

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present 5B Proposed
No. of Stories
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $1,641.00

U.C.C. Form F-110A

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

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 9/22/97
Control #
Permit # 17207

IDENTIFICATION Block 3/366 Lot 10

Work Site Location 9 Sand Harbor

Owner in Fee T Daniels

Address Hope NJ 9 Sand Harbor

Tel. ( ) [redacted]

Contractor

Address

Tel. ( )

Lic. No. or Bldrs. Reg. No.

Fed. Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Siding

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

Estimated Cost of Work $ 2200

John Cole Jr. (A)
Construction Official

9/22/97
Date

PAYMENTS (Office Use Only)

Building	65
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2
Cert. of Occupancy	
Other	
Total	67
Check No.	
Cash	
Collected by	(A)

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

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

(see reverse side)

SEP 22 1997
BORO OF HOPATCONG
CONSTRUCTION DEPT

BUILDING SUBCODE TECHNICAL SECTION

June 3/24/98

Date Received 9/22/97
Date Issued
Control #
Permit # 17207 17231

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

Block 3/306 Lot 10

Work Site Location 9 Sand Harbor
Hopatcong

Owner in Fee T. Daniels

Address 9 Sand Harbor
Hopatcong

Tele. (973) [redacted]

Contractor

Address

Tele. ( ) Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	9/22/97	DM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2/24/98
Approved by: WK

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

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 $ 2200
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.

James Johnson
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

New Siding

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] 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)

	$
	65,00

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$ 2,00
TOTAL FEE	$ 67,00

9/22/97

U.C.C. F110
(rev. 3/96)

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

3/306-10

SEP 2 2 1997

BOROUGH OF HOPATCONG
CONSTRUCTION DEPT.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/25/97
Date Issued
Control #
Permit # 1231

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

Block 3/306 Lot 10
Work Site Location 9 SANDHARBOR RD
HOPATCONG NJ
Owner in Fee/Occupant TOM DANIELS
Address 16 PROSPECT PT. RD.
LAKE HOPATCONG NJ 07849
Tele. ( ) [redacted]
Contractor JENKINS ELECTRIC
Address 324 LAKESIDE BLVD
HOPATCONG NJ
Tele. ( ) 3989235 Fax ( ) JANE
Lic. No. 7428
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as R3A Utility Co. _____
Est. Cost of Elec. Work $ 3000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 9/25/97
Approved by: RD

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/23/97
Approved by: RS

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			9/30 AM	RS
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			9/30/97	
Final			12/23/97	RS
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued			9/30/97	

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
21		Receptacles	
8		Switches	
5		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
44		.....	
		TOTAL NUMBERS	$ 33
		Pool Permit/with UW Lights	
1		Storable Pool/Spa/Hot Tub	40
1		KW Elec. Range/Receptacle	7
		KW Oven/Surface Unit	
1		KW Elec. Water Heater	
1		KW Elec. Dryer/Receptacle	7
		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	33
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge	$	120
Minimum Fee	$	
DCA Training Fee	$	2
TOTAL FEE	$	122

Ck#3304
9/25/97

U.C.C. F120 (rev. 3/96)

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

RECEIVED

JUN 04 2012

BOROUGH OF HOPATCONG
CONSTRUCTION DEPT.

ZONING PERMIT

Borough of Hopatcong

111 River Styx Road
Hopatcong, NJ 07843
Phone: (973)770-1200, Fax: (973)770-0301

Name: Tom Daniels

Block: 31306 Lot: 10 Zone: R-1 Permit Number Z-12-130

Address: 9 Sand Harbor Rd. Hopatcong NJ, 07843.

Mailing Address: 9 Sand Harbor Rd. Hopatcong NJ, 07843.

Phone: Daytime: 443-[redacted] Evening: [redacted] (973-[redacted] home.

Describe what the property is currently being used for:
Home.

Is this property located on a X developed or ___ undeveloped Borough roadway?

What is this application for?
New shed See attached drawing with conditions of approval

Will this project involve disturbing more than 1500 square feet of your property? Yes_____ No X

Has the above premises been subject to any Planning Board or Zoning Board Adjustment approvals?
Yes_____ No X

Attach a plot plan or survey map of the premises showing well & septic locations, existing and proposed structure dimensions including floor plans and overall height.

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 that 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.

Date: 5/24/12 Signature: Thomas G. Daniels

Need Payment

$20.00 FEE PAID 6/5/12 cash 37325

---

*MUST BE COMPLETED * HOUSE NUMBER MUST BE VISIBLE FROM STREET
DIRECTIONS TO YOUR PROPERTY FROM THE BOROUGH HALL:

For Office Use

Board of Health approval: ____yes, needed ____no, not needed ____Well ____Sewer

Approved: ____yes ____no, denied, Board of Adjustment approval needed

This approval is conditioned upon the approval of any other government entity having jurisdiction in this matter.

Date: 6/5/12 _____
William Donegan, III, Zoning Officer

Reason for Denial and Section(s) of Ordinance from which a Variance is required:
See attached drawing with conditions of approval

Zoning Officer's Calculations

ORDINANCE REQUIREMENT	EXISTING	PROPOSED	CONFORMS	PRE-EXISTING
242-38D(1) LOT SIZE:				
242-38D(2) LOT WIDTH:				
242-38D(3) LOT DEPTH:				
242-38D(4) Frontyd. setback:				
242-38D(5) Sideyd. setback:				
242-38D(6) Rearyd. Setback:				
242-38D(7) Bldg. height: 2 ½ stories or 35'				
242-38D(8) *Conf. lot cov. 25%				
242-38E(2) *non-conf. lot cov. 35%				
242-38D(9) *Conf. lot footprint 15%				
242-38E(1) *non-conf. lot footprint. 20%				
242-18-A Distance from Lake/Stream: 50'				
242-11C Steep/critical slope: 15%/25%				
242-28C(1) Retaining Wall setback: 5' ft. Prop. line				
OTHER				

*Conforming Lots are 15,000 sf. or more in R-1 zone, everything smaller is non-conforming

isec

Integrity and innovation.
Right down to the finish.

Existing.

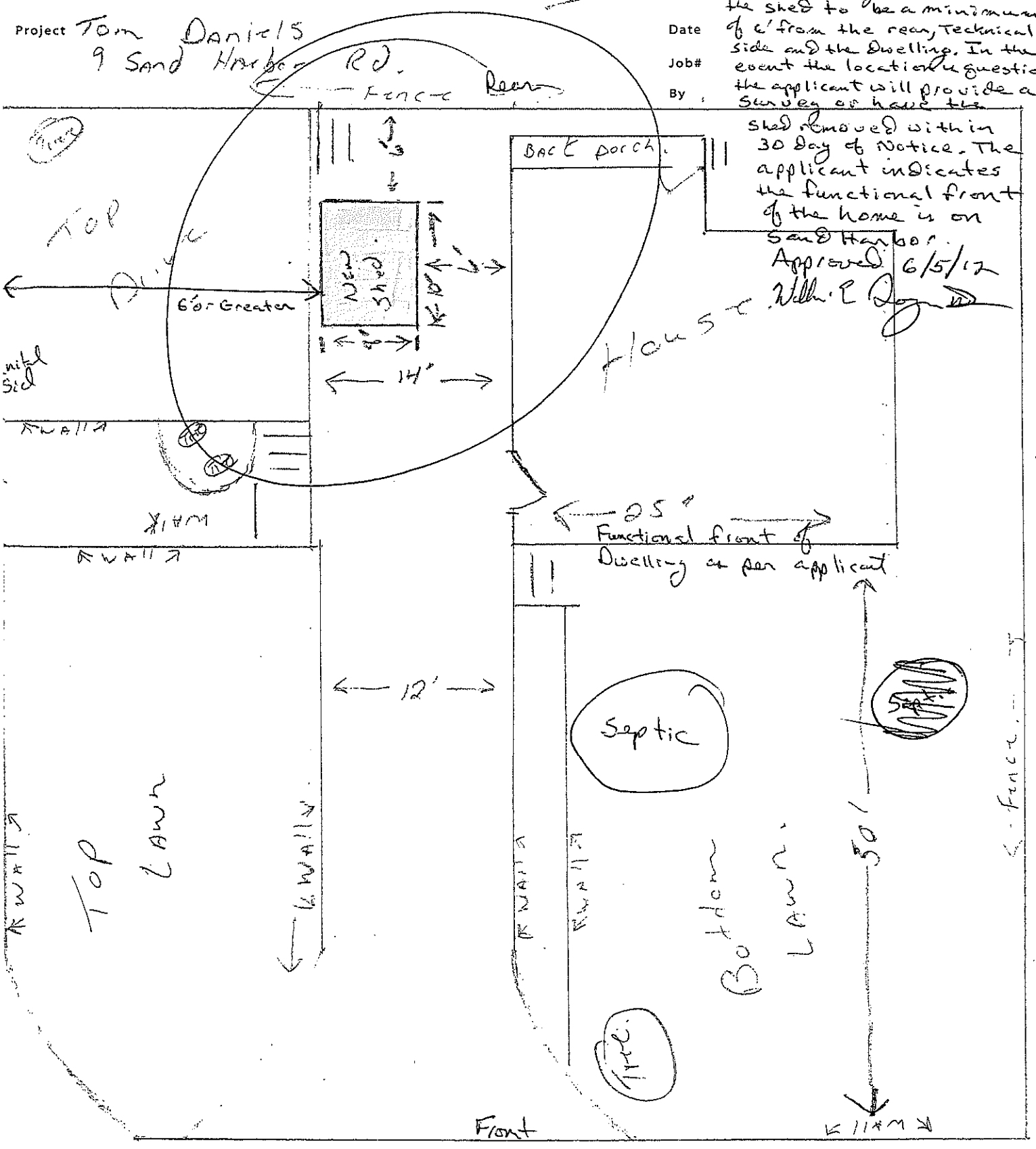
Project Tom Daniels
9 Sand Harbor Rd.

Date

Job#

By

proposed 8'x10'x12' high shed. It is the applicants responsibility to locate the shed to be a minimum of 6' from the rear, Technical side and the Dwelling. In the event the location in question the applicant will provide a Survey or have the shed removed within 30 Day of Notice. The applicant indicates the functional front of the home is on Sand Harbor.
Approved 6/5/12
William Regan



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

Date Issued 2/5/2013
Control # C31306/10
Permit # 13-102

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31306 Lot 10 Qual

Work Site Location 9 SAND HARBOR RD
FURNACE/CONVERT TO LP
Owner in Fee DANIELS T
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]

Contractor HARMONY HEATING CORP
Address 129 HIBERNIA AVE
ROCKAWAY, NJ 07866-
Telephone (973) 627-0044
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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:
REPLACE FURNACE/CONVERT TO LP/DIRECT VENT

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 $ 3,400

William O'Connor
Construction Official

02/01/13
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	55
Fire Protection	65
Elevator Devices	0
Other	
DCA State Permit Fee	5
Cert. of Occupancy	0
Other	
Total	125
Check No.	
Cash	
Collected By	SAM

CH 42249

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

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

Date Issued 03/11/13
Control #
Permit # 13-100

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 31306 Lot 10 Qual
Work Site Location 9 SAND HARBOR RD
FURNACE/CONVERT TO LP
Owner in Fee/Occupant DANIELS T
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]
Contractor HARMONY HEATING CORP
Address 129 HIBERNIA AVE
ROCKAWAY, NJ 07866-
Telephone (973)627-0044 Fax ( ) -
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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

REPLACE FURNACE/CONVERT TO LP/DIRECT VENT

[ ] 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. Cash
Collected by: SJH

William O'Connor
Construction Official

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 2/5/2013
Control #

Date Issued
Permit # 13-100

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

Block 3130C Lot 10. Qualification Code

Work Site Location 9 Sand Harbor Rd Hopatcong NJ. 07843.

Owner in Fee: Thomas A. Daniels.

Tel. (973) [redacted] e-mail

Address 9 Sand Harbor Rd Hopatcong NJ. 07843.

Contractor: HARMONY HEATING CORP (street / municipality) Tel. (973) 627-0044 (zip code)

Address 129 HIBERNIA AVE ROCKAWAY NJ. 07866 e-mail DAN@HARMONYHEATING.COM

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00901600

Federal Emp. ID No. [redacted] FAX: (973) 627-2516

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 $ 200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: 02/01/13 Approved by: WOC
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 02/01/13
Approved by: WOC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 03/04/13
Approved by: WOC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping (PRESS Test)			02/06/13	WOC
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			03/04/13	WOC

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.

Thomas A. Daniels
Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Replace furnace/oil to Gas. (LP) WITH A DIRECT VENT FURNACE

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

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 5
TOTAL FEE	$

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 1/5/2013

Date Issued Permit # 13-002

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

Block 3130C Lot 10 Qualification Code

Work Site Location 9 Sand Harbor Rd Hopatcong NJ 07843.

Owner in Fee: Thomas Daniels.

Tel. (973) [redacted] e-mail

Address 9 Sand Harbor Rd Hopatcong. NJ 07843
street municipality zip code

Contractor: Harmony Heating Corp Tel. (973) 627-0044

Address 129 Hibernia Ave e-mail John@harmonyheating.com
Rockaway, NJ. 07866

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00901600

Federal Emp. ID No. [redacted] FAX: (973) 627-2516

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 3200.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: REPLACE EXISTING HOT AIR OIL FURNACE WITH A LP GAS HOT AIR DIRECT VENT FURNACE

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		6
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 1-30-13 Approved by: J.D.C

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1-30-13

Approved by: J.D.C.

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 3-4-13

Approved by: J.D.C

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3-4-13	J.D.C
Other				

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

Date Issued 2/5/2013
Control # C31306/10A
Permit # 13-101

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 31306 Lot 10 Qual

Work Site Location 9 SAND HARBOR RD
LP TANKS
Owner in Fee DANIELS T
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]

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

DESCRIPTION OF WORK:
LP TANKS

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 $ 300

William O'Connor
Construction Official

2/5/2013
Date

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	66
Check No.	#42249
Cash	
Collected By	BH

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

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

Date Issued 03/11/13
Control #
Permit # 13-101

UCC NEW JERSEY CERTIFICATE

IDENTIFICATION

Block 31306 Lot 10 Qual
Work Site Location 9 SAND HARBOR RD
LP TANKS
Owner in Fee/Occupant DANIELS T
Address SAME
HOPATCONG, NJ 07843-
Telephone (973) [redacted]
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:

LP TANKS

[ ] 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. Cash
Collected by: SJH

William O'Connor
Construction Official

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/5/2013

Date Issued / Permit # 13-101

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

Block 3130 Lot 10 Qualification Code

Work Site Location 9 Sand Harbor Rd. Hopatcong NJ 07843.

Owner in Fee: Thomas A. Daniels

Tel. (973) [redacted] e-mail

Address 9 Sand Harbor Rd Hopatcong NJ 07843.
street municipality zip code

Contractor: ~~255~~ Oak Ridge Tel. (973) 697-3111

~~Address~~ Easton Propane. e-mail

Address 255 Oak Ridge Rd. Oak Ridge NJ 07438.

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. LTG-002 Exp. Date 8-15-12.

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

Federal Emp. ID No. [redacted] FAX: (973) 208-7845

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____

Constr. Class: Present ____ Proposed ____

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

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

Location:

Total Cost of Fire Protection Work $ $500.00 (Tanks)

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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. Thomas A. Daniels
Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace Furnace/oil to gas (4p) Place Tanks.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $ 15

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 2-4-13 Approved by: J.O.C
[ ] Fire Protection Plans Approved
Date: ____ Approved by: ____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-4-13
Approved by: J.O.C

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 3-4-13
Approved by: J.O.C

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
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